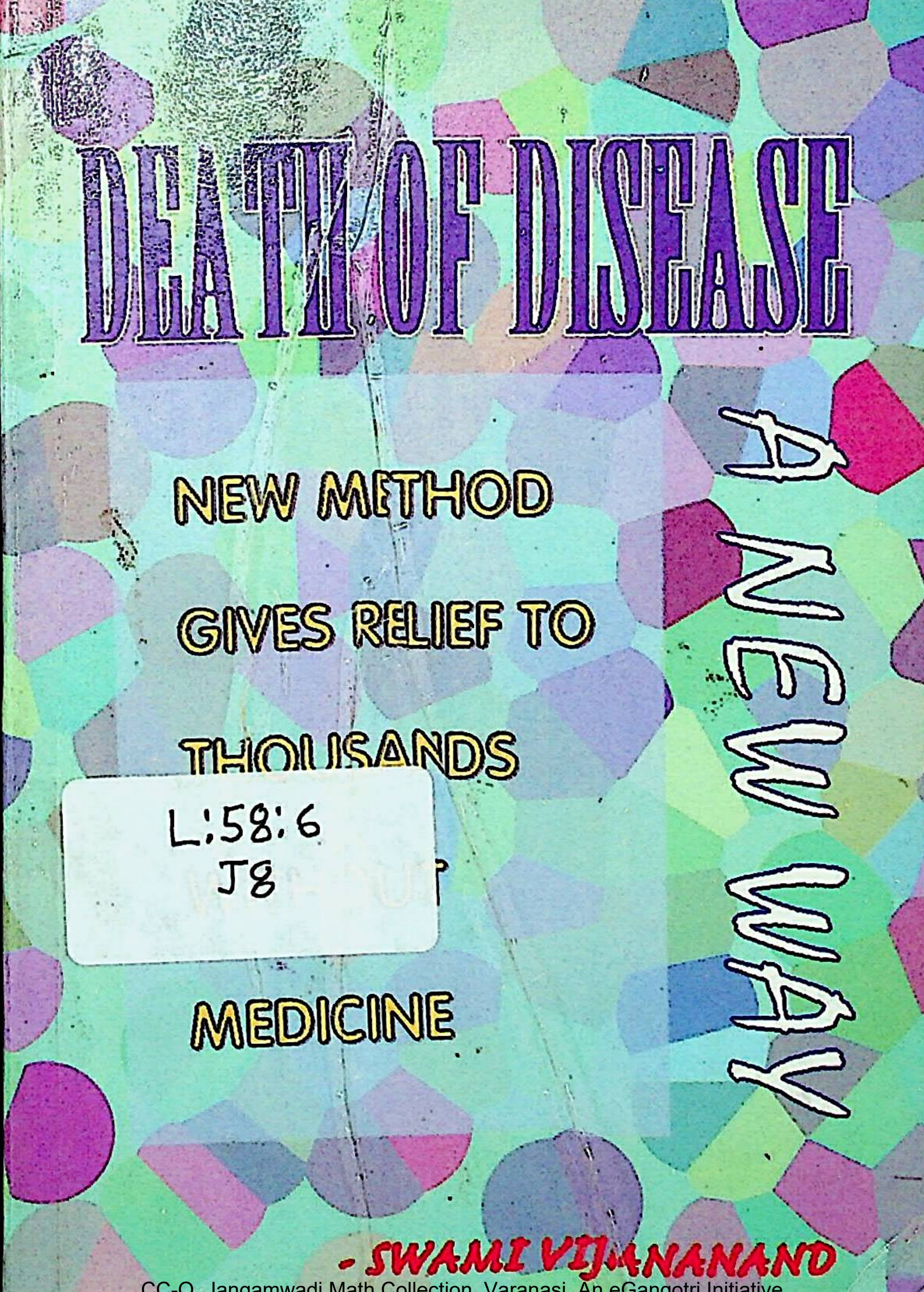

DEATH OF DISEASE

A NEW WAY

NEW METHOD
GIVES RELIEF TO
THOUSANDS
WITHOUT
MEDICINE

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Preface to second edition:

We are happy to publish this reprint of **'DEATH OF DISEASE'**, one of the basic books written by Swami Vijnananand- the first thinker and researcher of New Way; and thereby to fulfill the long standing need of readers desirous to fathom serene depth of mind. On the other hand we are sorry in a sense that this reprint is coming out, after Swami Vijnananand adopted Prakash Samadhi on 18th November 1993, a day selected by that supreme power rather unexpectedly. Had this reprint been possible before Swamiji's Prakash-Samadhi, perhaps, there would have been his valuable suggestions added to this edition. Though that part has been made good by way of number of Books in Marathi by Swamiji. To quote just a few - 'Prakash Shakti', 'Mul aaichya potatun bolate Aikayala Shika' (feotus talks in Uterus - Learn to listen) etc. etc.

- *Publisher*

Cure Without Medicine

The second part of " Death of Disease " furnishes details of practice in Recipropathy.

SYNOPSIS OF SECOND VOLUME:

(1) Difficulties in practice. (2) Suicide and disease. (3) Utility of suicide? (4) Christian Science. (5) What is not a medicine? (6) Truth and religion. (7) Truth and Science (Author's experiments in operation ward. (8) Truth and psychology (Author's experiments in Mental Hospitals) . (9) Truth and emotions (Author's experiments in jails). (10) Equalisation of emotions. (11) How we ourselves forge disease. (12) Truth of Christian Science. (13) How truth cures diseases (A Marxist premise). (14) Details of treatment. (15) Implications of treatment. (16) Disease conquered. (17) Five concrete cases. (18) Another five cures. (19) Ethics of practice. (20) Mode of education. (21) Conclusion.

Adequate charts, graphs, and photographs.

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Author: Swami Vijnananand

(1) Limitations of rebirth. (2) Meaning of rebirth. (3) Purpose and various sects. (4) Idealism. (5) Materialism. (6) Conflict between two. (7) Both fight dualism. (8) A unique clue. (9) Marxism in controversy. (10) Evolution. (11) More about evolution. (12) Marxism modifies evolution theory. (13) Matter' in atomic age. (14) Matter. finer and finest. (15) A fight on words. (16) Evolution of matter, higher process. (17) Thoughts don't die. (18) Reappearance of matter. (19) Matter reborn. (20) New conception of rebirth. (21) Marxism approves rebirth.

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Pardon me not, God,
Punish me for every fault,
For a single unjust pardon
Will liquidate almighty Lord.

★

When I desire a pleasure plus,
Anything less is my disease.
When I agree to a maximum disease
Every moment lends me release.

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PREFACE

I have been knowing Swami Vijnananand intimately for more than 12 years. He has taken life very seriously and has tried earnestly to be truthful in all his undertakings. During the course of his different occupations in life, his main urge has been an intense desire to find happiness and the ultimate or eternal Truth and he is now attempting to put before the world the result of his experiences in the form of a series of twelve books. I agree with him in his basic philosophy of life even though I may not be able to agree with all his inferences as regards the rules which govern the course of Fortune and human Happiness.

I am deeply interested in his search for Happiness and Truth and believe that the rich experience he has been fortunate to obtain and understand at a comparatively young age will be very useful to all the readers of the series which he is writing in gathering and understanding correctly their own experiences in spite of their different interpretations in some matters.

I have myself enjoyed greatly my discussions with Swami Vijnananand on the subjects treated in this series and they have helped me in clarifying my views on life even where I have differed from those of Swami Vijnananand.

Morarji Desai

16th March 1958

INTRODUCTION

By M. S. Kannamwar, Ex Minister for Health, of the then Bombay State

Swami Vijnananand has done extensive research and has found that his method yields satisfactory results. I had the occasion to discuss with him his theory and I found that he has given deep thought to this subject.

There is, no doubt, a great force of mind that can be properly set to work. Mind and faith could play wonders. In the life of Mahatma Gandhi, we notice innumerable instances where he has successfully utilized this force of energy to get desired results. In that light I find Swami Vijnananand experiments on relations of mind with body, effects of emotions on body very elucidating. I hope his work will shape the health of tomorrow happier and healthier.

★ ★

FOREWORD

By Dr. P. L. Deshmukh, M.D., D.T.M. & H., F.C.P.S.,
F.A.C.C., F.C.C.P. (U.S.A.).

Tremendous efforts are being made all over the world to eradicate disease. Advances in the knowledge of Tropical diseases, Tuberculosis, Cardiology, Infectious Diseases, Radiation Diseases etc. have been amazing. As if to meet the challenge, new diseases like Viral hepatitis Encephalitis, Industrial diseases etc. are appearing on the horizon, and old diseases like Hypertension, Coronary artery disease, Diabetes are assuming grimmer appearances. They are causing morbidity on an increasing scale and are demanding a progressively greater toll of useful life. Thus it appears that Nature has a way of striking back at those who grossly try to violate her guarded secrets. Accent on prophylaxis has increased so much recently that few moments are left for man to enjoy the happiness of positive health so achieved.

It is, therefore, necessary to explore new avenues of approach to conquer disease. Researches of Hans Selye have shown that diseases are the result of inadequate accommodation to stress. Stress arises when one or more of the six major 'enemies' or sentiments viz. amour, anger, avarice, fear, affection, and jealousy predominate over the mind of a being, upsetting its equilibrium.

Thus prevention of stress depends upon maintenance of the balance of mind.

This approach is understandable only when we consider man as existing in three dimensions. He is an integrated unit of body, mind and spirit. Body receives stimuli and carries out movements. Mind makes and modulates 'thought'. Spirit is the vital force that gleams through eyes and gives life to the body. This is common in all the objects where life can be conceived. The ultimate aim of man is to realise that this individual spirit is the same as the ever-true, ever-existing, all-pervading powerful force that governs the Universe. This realization is all bliss. Just as to develop a sound body, healthful discipline is necessary, so to develop a spiritual outlook, spiritual discipline of the mind is necessary. Spiritual discipline aims at maintaining an equilibrium amidst the rebellious six major ' enemies ' or sentiments. Such a balanced mind alone will be able to see the Spirit in the proper perspective. An unbalanced mind will be a fruitful source of ' stresses ' that help to bring diseases to the body and perpetuate them. Prayer and Meditation may be described as simple forms of spiritual discipline. True Prayer is a way of life and truest life is the real way of Prayer. Prayer moves the arm that moves the World and Meditation bestows enormous resisting power on the meditator.

Our ideas about disease need re-orientation. Origin of disease is not outside but inside man. Hence the cure must come from ' inside '. Disease really represents internal struggle for self-expression, self-assertion and ultimate sublimation into the infinite. The spiritual approach to Medicine, that helps the organism to struggle successfully has been completely ignored in the present day prophylaxis and cure of disease. It is my firm conviction that disease can be eradicated only by realization of the Truth in life. This may be described as Cure by Realization.

My friend Swami Vijnananand proposes to elaborate in this book a way to eradicate disease. I congratulate him for his radical thinking in this matter, and for coming forward boldly with his method of ' disease cure' which, I hope, will prove useful to the suffering humanity.

AUTHOR'S NOTE

Less than a year ago, the introductory volume of my series of works collectively entitled New Way, which in its totality will incorporate my researches on medicine, psychology, human destiny and philosophy, as also psychotherapy, was published. Therein were indicated the titles and the proposed order of publication of twelve volumes on various subjects. Serially if that order had been adhered to, this treatise would have seen the light of day after the publication of several others. The author was constrained to change his plans consequent to pressing requests from many readers who took sufficiently keen interest in the Introductory Volume. They insisted that top priority be given to the subject of disease-cure—a subject on which every member of society is deeply and personally involved. The problem of diseasecure, which is here explored in all its manifold aspects, has assumed a frightfully appalling proportion. Hence my consent to the change. (Elsewhere in this book will be found the alteration in the order of publication as also the slight but suitable change in the original titles.)

The problem of psyche finds repeated mention in this treatise. Apparently, the psyche has two totally divergent interpretations in materialistic and idealist school—particularly the spiritual sub-branch of idealism. Certain references and chapter 13 of this work might presumably lead an unwary reader to the unwarranted conclusion that I subscribe to the views of the latter school. Furthermore, the title of another volume in New Way, Marx Proves Rebirth, might strengthen an impression that I am a spiritualist. I wish to contend, with possible emphasis, that, while I am an ardent and unshakably firm believer in God, nevertheless there is no common ground between the God of my conception and the picture offered by spiritualists. Indeed, I am an ardent materialist, who believes that the contentions of

Karl Marx, as they stand, deserve much more esteem and understanding. They however prove sometimes exactly opposite of what some of his followers claim to mean. Going to the master himself, I contemplate to prove my thesis by reference to Marx's own writings. No doubt, the conclusions I arrive at from the study of and reflections on the doctrines of the materialists and spiritualists might be felt inconvenient by dogmatic followers of each of these schools. I hasten to assure my readers that my arguments will be scrupulously and strictly logical—I shall always adhere to mathematical logic. If, after that, the logical presentation results in some entirely new findings the world has necessarily to make room for it.

To come back to the present volume, the readers will be bewildered by numerous revelations herein. But then they can see for themselves that the matter presented is nothing but authenticated facts. Nine out of ten patients believe that disease they suffer from needs to be cured, while the sane medical authorities refuse to place disease as the ultimate target. As the Russian expert Nezlin concedes: " Not the disease, but the patient should be treated." (Regimen and Treatment in T.B. of Lungs, Page 43). I will devote a chapter in the next volume to convince readers how Marxists completely concur with our views.

I do not think any apology is necessary for writing this work representing my point of view—a result of protracted study and research. Needless to say, too, that I do anticipate, but am least afraid of, an all-sided attack from medical practitioners. The reason is obvious. My findings are disturbing, as they give no room to absolutely any school of medicine and leave no room for minting money. But we cannot help doctors if we have to help patients. Our age has witnessed the crumbling down of each magic-stone in medicine, one after the other, of which knowledge has not failed to permeate to a watchful, scrutinising and impartial reader. As recently as October 1958, a news was flashed. World Health Organisation Reports on penicillin menace: By 1955, some 560 severe reactions had been notified, 81 of them fatal; and by 1957 it was estimated that some 1000 deaths from anaphylaxis due to penicillin have occurred in U.S.A. alone.

Yet another group of readers may be shocked by my emphasis on moral values—for they are totally unaccustomed to think of any, even possible, connection between the health or disease and moral values. Besides the main theory Recipropathy postulated, for a support to this point of view, I refer them to no less a person than Lord Morgan, an unquestionable authority on medicine an ex-President of the Royal College of Physicians. In a series of British Broadcasting Corporation although the stressed the value of penicillin-notwithstanding the findings of W.H.O., yet, at the end, this learned authority had to concede: "Survival of civilization must *ultimately* depend not on advance of science but on spread of morality'

Even a cursory glance at chapters 6, 7 and 8 will *confirm* that I have neither pride for majority of street corner practitioners nor any prejudice against them. However truth must be unreservedly faced. It is for the readers to decide whether to live in chaos or leave it for better health in a new way.

—The Author

DEATH OF DISEASE

CHAPTER 1

Interesting Riddle of Food

Dr. Newburgh of the University of Michigan observed a curious fact. He figures it out that to get rid of one pound excess fat, one needs to walk 36 miles. And what happens then? The food intake for the satisfaction of hunger consequent to such a long walk results in the addition of more than one pound of weight ! Certainly a curious and glaring instance of the incapacity of an advanced science to solve primary problems. Nor is the food problem an exceptional instance, science brizzles with unsolved riddles.

Admittedly many human ailments spring from an insufficient attention to nourishment. Scientists insist on the intake of flawlessly correct diet. Yet they do not formulate any criteria for checking this correctness. If some scientists attempt to lay down a standard measure, others oppose them on the "scientific" ground that following the programme gives rise to other more difficult problems. Such a simple and primary problem like that of food, the very foundation of our health, is circumscribed by as many as the seventeen following major considerations:

1. Under-feeding;
2. Over-feeding;
3. Mal-eating;
4. Over-nourishment;

5. Good chewing;
6. Balanced mental state;
7. Accurate interval between two meals;
8. Sanitary surroundings;
9. Not over-cooked;
10. Not under-cooked;
11. Not too solid;
12. Not too liquid;
13. Balanced and tasty;
14. Sufficient calorie contents;
15. Individual weight;
16. Individual age;
17. Existing physical conditions.

There exists a wide range of difference of opinion amongst scientists propounding various theories. Eat deficient food, you become susceptible to T.B., iron deficiency, scurvy, beri beri, pellagra, night-blindness, Addison's disease and a number of others. Eat in excess and diseases of heart, kidneys, arteries, gall-bladder, cold, chronic bronchitis, constipation, arthritis besides a number of others-victimize one. Even on the timings of eating, diverse opinions hold the field amongst doctors. Dr. Eysenck harshly criticizes and blames medical opinion which at one time commended eating at short intervals and later denounced it. Hippocrates asserted twenty-five centuries back: "When more food than proper has been consumed, it occasions disease; this is shown by treatment." Neither Hippocrates nor his disciples of today formulate what constitutes proper for a person. The attempts to solve all such problems crying for a solution lead us merely into a vicious circle without the emergence of a genuine solution. Problems anent quantity as well as quality of food. internal as well as external conditions of intake of food remain increasingly unsolved.

Medical opinion vainly recommends balanced diet, without laying down any standard. Therefore, Dr. Anthony Barnett lecturer in Zoology in Glasgow University, was driven to exclaim : "It must be admitted that standard vary and that there is even now no final agreement on the necessary amounts of certain essentials: we know that nobody can do without vitamin C, for instance, but we cannot lay down precisely, with reasonable certainty, the minimum any person or even any class of persons, must have in order to avoid all ill effects." A clear admission that the much too difficult problems of individual needs, even group needs, remain beyond the grasp of classification or proper ascertainment. So, when your street-corner practioner gives you sermons on correct diet, be sure that he himself has failed to grasp the real problem. As Dr.Barnett continues: "One difficulty is that individuals almost certainly vary genetically in their vitamin needs. Tooth-decay is unquestionably influenced by diet; but one child may have excellent teeth, another on the same diet may have extensive decay,"

Any attempts to define and measure intake of proper food practically always raise their own fresh prblems. For instance, consider the assumption by some experts that a ten-stone man leading an active life requires about 3000 calories. But this measure is circumscribed by more than ten points previously mentioned. Besides, scientists refuse to cummit themselves and say that the weight of the person guides truly. Other aspects like the type of work done by the individual concerned also have to be taken into account. For instance, a ten-stone person if engaged in typing may need per hour 75 calories, if engaged in house-work may need between 75 and 150 calories and if he be a coal-miner may need 300 calories per hour. All these calculations remain theoretical and in practice, it is impossible to believe that a coal-miner can work with the same speed during all his hours of work.

The food-problem which apparently looks so innocent befuddles the scientists and the twists and turns are many. It is a discarded concept that high calorie intake of food solves our problem properly, since over-nourishment causes numberless disorders. The food must be good and nourishing,you must chew it properly, you must eat it in a healthy surrounding, your mind must be quiet, food must be tasty so as to stimulate your appetite, it must be properly cooked but not over-cooked. All mere generalisations and no medical expert has been able to offer correct guidance. Goodness, nourishing quality, taste and other-factors differ with every individual and render the doctor's teaching mere theoretical nonsense.

What answer, then, do modern scientists propose to legitimate objections? They raise problems but give no answers, if we refuse to be deluded by their illusory replies. "Hunger is the real guide", helplessly say the doctors at the end, to which Prof. Chittendin retorts, "The so-called cravings of appetite are purely the result of habit." Indeed true or else the Mayor of Cork would have died many times during his long fast of 42 days. Experts who talk of good nutrition being the first answer to disease know not the why, where, what and how of their basic assertions. When they require that the intake must be a "balanced diet, no more, no less", they demand too much of a layman and their behaviour reminds one of Portia of Shakespearc's Merchant of Venice, who insists precisely on one pound of flesh, here and now, no more, no less and without a drop of blood.

* * *

CHAPTER 2

Doctor's Dilemma

In the preface to **Back to Methuselah** Bernard Shaw compares registered medical practitioners with a commoner who expostulates to a cat to keep clean while simultaneously throwing a bucket of mud on it. In another preface, Shaw charges the doctors of prolonging illnesses of patients, since doing so turns out lucrative-for them. Shaw further accuses doctors of having infamous character. I concur with Shaw as regards contents of the statement though not with its spirit. Medical practitioners are neither better nor worse than other members of the society in which they live. Since they happen to be educated, in doctors the defects common to the entire society are found accentuated. But that is about all. In that sense we could easily convince an honest doctor of his failings, as he best knows the limitations of his knowledge. This virtue springs of knowledge. An inquisitive soul desired to know of Einstein the secret of his incomparable intelligence. He remarked: "The secret is, I know how little I know of this vast universe".

I have myself defended medical knowledge on the ground of its possessing scientific qualities, as medical authorities evince readiness to analyse their own results, and discard them if found useless. Yet, in practice such scientific attitude seems very much watered down. An investigator raises himself above bias, at any rate on some occasions, while his disciples do not. A Nobel prize winner shows keen awareness that modern medicine is unable to cope up squarely with all ills right from simple cold. He knows well, for instance, that the primary problem of finding a cure for cold demands the solution of diverse problems, as colds are due to various microbes. Research on cold has been hampered by the fact that common laboratory animals are immune from attacks of cold, except perhaps the expensive chimpanzees. But if you visit your streetcorner adviser, he treats you for absolutely any ailment on the earth. He shows readiness to correct diseases of mind and body, ailments from new growth and from degeneration, disorders due to chemical poisoning and infection, and he also undertakes to correct congenital abnormalities as well as adjustments of mal-nutrition. If, however, you ask the same adviser of yours about any essen-tial adjustments of food, his answer can never be scientific on mere seventeen-point difference of opinion in the medical world that we listed in Chapter 1.

If you request the family doctor to supply you with his case-papers so as to enable you to examine the extent of his success and for purpose of statistical analysis, you are in for a fine rebuff. You dare confront your doctor with such a request only at the risk of being thrown out of the dispensary. A real practitioner who would allow publication of his papers knows well that he rendered merely passive help to the patient, and what worked actively was Nature. A famous treatise Patients and Doctors rightly indicates that all that the medical man does when he stimulates the action of complementry organs is to render assistance to her (Nature) in this work (Page 76). The very last thing, however, to which a doctor would be a party remains the publication of a gist of his failures, because he knows in the heart of his hearts that what little his success, he achieves is due to chance of Nature's miracle. Sir James Paget once lectured on the treatment of arthritis before the students in Bartholomew's Hospital. On entering the hall he said: "Gentlemen, the first point of importance in the treatment of inflamed joints is to rest them; their second need is rest, and their third need is also rest. Gentlemen, that concludes my lecture on diseases of the joints today." The work of Nature in cure of the ill could hardly have been better recognised than this short significant lecture. But in practice, doctors leave alone helpful hints as unuseful anecdotes and press the patient to put faith in themselves more and more.

Far be it from me to suggest that all doctors or practitioners should cease to help society. It may only invite chaos and quackery. Yet on the other hand, it is high time that the medical world itself realize the incompleteness of their own methods, admit their drawbacks and make their patients more wise and independent. Absence of such an effort on the part of professionals necessitates this series in general and this volume in particular for the benefit of the public, placing as it does before them the true nature of human ailments, their causes and proper way of their eradication. What Oliver Wendell Holmes said in 1860 retains its validity and force even today. He said: "I firmly believc that if the whole materia medica, as now used, could be sunk to the bottom of the sea, it would be all the better for mankind-and all the worse for the fishes." Since I least intend propounding my theory with any personal bias, I refrain from being so hasty as Holmes or as cruel as Shaw. Yet I insist on repeating that it is high time for doctors to educate their patients, before patients themselves take upon themselves this task out of sheer disgust.

Three main obstacles stand in the way of doctors to understand the new conception of disease and its cure. Their "knowledge" takes the first rank amongst these, their ego second, and third comes their need of self-preservation. Firstly, the medical practitioners seem incapable of thinking in terms other than those taught in the curriculum. Dr. Alexis Carrel, the Noble prize winner, insists that a real doctor should master anatomy, physiology, biological chemistry, psychology, metaphysics, pathology, medicine, genetics, nutrition, development, pedagogy, aesthetics, morals, religion, sociology and economics. But as matters stand in reality, the first dilemma of the doctor is that he feels content with the knowledge gained during a few years in a limited field and he believes in its perfection and presses others to count upon it. The second dilemma of the doctor concerns his ego, which results from the natural corollary of his first dilemma, "knowledge". The third dilemma of the doctor happens to be the sense of self-preservation. If he agrees with and puts into practice the contents of the quotes of Einstein, Holmes, Paget or Carrel he deprives himself of his bread.

But already a number of medical authorities have admitted the limitations of current methods and thus wish to pursue even new avenues in search of a cure. Patients themselves have not hesitated to commence the search for a new way. For such doctors and patients, the following chapters assuredly serve as useful guide-posts.

* * *

CHAPTER 3

Diseases Unknown

That section of the medical world which evinces interest in the science of medicine shows full consciousness of the shortcomings of modern medicine. Dr. A. E. Clerk-Kennedy, F.R.C.P., Emeritus Professor of Physiology, Cambridge, later Dean of Medical School and a Physician to the London Hospital, offers a list of the diseases not understood by experts in an important work. He actually begins the chapter in question of this work with a sweeping remark, "Not that we have understood anything; certainly not ourselves....Indeed, as in all branches of human knowledge, the more we get to know....the more new stuff looms up ahead challenging to be explained."

Then follows the accepted list of diseases not yet understood by the medical practitioners. The list is, however, not exhaustive, since in the foregoing chapters we have seen that doctors have understood nothing in the real sense of understanding. To recapitulate:

(1) MAL-NUTRITION: Diseases consequent to malnutrition have been discussed earlier and, so far as understanding them is concerned, they continue to maintain their Sphinx-like nature. Dr.Lile suggests, "Truly everyone regardless of age or weight should diet all his life to the extent that he eats the foods that nourish his body properly in correct proportion to his own needs." How a commoner or his doctor could possibly find the correct proportion of food required throughout a whole life, no one knows.

(2) CHEMICAL POISONING: The major disorder not understood is allergy. Experts say: "but we have reason to believe that their pathogenesis depends on the basic fact that all proteins, when they get inside the body unchanged, and a number of simpler chemical substances, notably penicillin, act as antigens." It is interesting to note how the use of the "wonder-drug" Penicillin results in undesirable post-effects, as according to doctors allergy results essentially from failure to produce antibody, i.e., failure of one of the normal defensive mechanisms of the body.

(3) INFECTION: We have devoted considerable space later on to show how the infectious diseases like tuberculosis have failed to receive a satisfactory explanation on the basis of the theory of infection. Here it may be noted that scientists are unable to understand the nature of viruses and their relation to bacteria and body cells. Poor Pasteur thought that his discoveries would eliminate bacterial dangers from the earth. What a pity that so many decades after Pasteur, the battle between bacteria and Adam's sons continues ever fiercer.

(4) NEW GROWTHS: No light has been thrown on growing problems of new growths. The cause of other benign tumours remains even more obscure. May be that they are due to the late development of cells left behind in the normal stream of development. But experts frankly admit this reasoning to be a mere speculation. They say: "We have not the remotest idea why so many people develop a lipoma or fibroma some-where under their skin or are found on the post-mortem table to harbour an adenoma of the liver or an unsuspected leiomyoma in the uterus. The cause of benign but functionally devastating tumours

of neuroglia, anterior lobe of pituitary, parathyroid gland, and suprarenal cortex and medulla remain enshrouded in mystery."

(5) DEGENERATION: Readers may be surprised to find degeneration being listed as unsolved mystery. But scientists themselves are unable to explain why a human being cannot be immortal. They themselves point out that "the amoeba, the tissue cell in culture, the graft on the apple tree, the malignant neoplasms are all, potentially at least, immortal." Therefore, it is for medical experts to show why multicellular animals should not have this potential perpetual resistance to decay or how it can be artificially brought in.

(6) MENTAL DISORDERS: Medical experts are not able to control and correct mental deficiency, confusional insanity, organic dementia, psychoses, schizophrenia and other disorders. Half in disgust they throw this burden on practitioners of psychiatry, but they do not believe that psychiatry can solve problems of mind without the help of a physician. Medical experts do prescribe some medicines, but they are never sure of the results, in absence of knowledge of the real cause. When it comes to psychoses, medical experts always betray confusion as such disorders are inexplicable in terms of known pathological processes or failure of any function of the body on which it depends. These experts evince surprise when "on the post-mortem table, after the patient has died of some inter-current disease or committed suicide, the brain looks normal both to the naked eye and under the miscroscope; and heart, lungs, and kidneys were known to be working normally during life."

This forms a very rough classification and each class contains a number of unknown diseases. On page 231 of

Human Disease appears such a list, a rather small one, mentioning rheumatic heart disease, acute nephritis, peptic ulcer, bronchial asthma, exophthalmic goitre, eczema, toxaemia of pregnancy, blood-pressure problem, rheumatic diseases, disorders of lymphatic glands, disseminated sclerosis and a host of others. On the same page the author helplessly draws the conclusion: "Never the less, our outlook on the problem is such that when we think that we have found the cause of a disease. most of the mystery in which it was previously enshrouded quietly departs. Measles, tuberculosis, and syphilis have long lost theirs now that they are known to he due to a virus, a bacillus, and a spirochaete respectively. And yet we still know next to nothing about these odd forms of life, and very little indeed about viruses; or why and how the body hits back in the peculiar inborn way which it invariably succeeds in doing. Nor can we explain the habits of the spirochaete of syphilis once it gets inside the body or the strange clinical course of many cases of tuberculosis. So easily does a little knowledge, particularly if it leads to success in treatment, make us forget how little we really know. For example, now that we can keep people with diabetes in almost perfect health, we forget that we know no more about its cause today than Hippocrates when he first described it over 2,000 years ago ! So, too, with myxoedema and pernicious anaemia."

I honour medical science to some extent because of these frank admissions. The difficulty still remains that these frank admissions continue isolated, being found only at the top level. They never permeate to the lower ranks. In practice when we meet the follower of an open-minded expert at the corner of the street, we continue to receive the same assurances as were offered by the magician doctor three thousand years back. All that the street-corner magician of today has substituted for the hocus-pocus and for the mysterious unicorn's horn of the magician of three thousand years ago is a bottle of medicine or pricking needle.

* * *

CHAPTER 4

Main Methods of Treatment

Some very disquieting questions arise on subjecting modern science and its concepts to proper scrutiny. This fact makes it profoundly essential to critically evaluate various media of treatment.

(1) ALLOPATHY OR MODERN MEDICINE:

In effect, all the criticism level led so far is with respect to modern medicine. Though termed modern, its inspiration dates back to more than two thousand years, the time of Hippocrates. The ancient Greeks were the first to rebel and they effected the complete separation of medicine from religion; pre-Greek medical science and treatment were under the yoke of religious and other superstitious beliefs. Aesculapius was the God of healing, and his temples had become sanitoria of healing. Under the guidance and aegis of Hipy ocrates, the scientific attitude overcame mere prejudice. Hippocrates insisted on observation of facts, and he relieved God of the responsibility of curing patients. Nevertheless his victory was neither complete .nor lasting. The postHippocrates period is characterized by a return to religion and superstition. Yet society was never without the adherents of scientific thought and attitude. Of course, the line that divided a quack and a scientist always remained thin, because the concept of complete true knowledge always remained dynamic. For instance, Paracelsus, professor of medicine at Basle, was undoubtedly a great genius of the sixteenth century. But surprisingly enough, his first act, on becoming a professor, was to make a bonfire, in his lecture room itself, of all the works of Galen- whose therapy was founded on the principle of opposites and who is honoured as an authority next only to Hippocrates. Paracelsus was the first person to use mercury as medicine. For a full century and more, antimony- which, too, he introduced in medicine- was considered to be a scientific medicine. Antimony cured King Louis XIV of typhoid yet scientists did question: "Would not King Louis XIV have recovered without antimony?" It is of considerable importance and interest to note that later in the 19th century, scientific opinion swerved around and disclaimed antimony. From the 19th century onwards, in medical science the method of control obseration was considered sine qua non. Though persistently demanded by scientists, yet this requirement has remained a theoretical one alone and bears no relation to actual practice. The acrimonious controversy today as to whether or not B.C.G. effectively checks T. B. constitutes proof decisive that modern medicine has neither faithfully followed Hippocrates, nor has it taken a lesson from so old a piece of knowledge as the 16th century serious error anent antimony. Apart from not a few instances of practical failures of modern medicine that have been presented in this treatise, we have serious misgivings as to whether with regard to B. C. G., its exponents and practitioners adhere to primary laws laid down by themselves when its utility stands questioned by medical authorities on fundamental grounds. Specifically subjecting B. C. G. to a critical review, Dr. S. M. Farber, M.D., of the University of California, has said of it: "After approximately 40 years of use, B. C. G. remains a controversial question." Dr. Carroll Palmer, M.D., Head of Copenhagen T. B. Research Team, affirms in connection with B. G G.: "In fact, our knowledge is so incomplete that much of the effort of our office has been devoted to investigating this problem...". If the basic differences still remain unresolved as late as 1954, even after forty years of use of this medicine in treatment, then the demand of control observation obviously remains merely a sales talk of allopaths.

(2) HOMEOPATHY:

Early in the nineteenth century, Dr. Hahnemann introduced this system of treatment. True it is that Galen had based his therapy on the principle of opposites. To illustrate: If fever results from the administration of a drug, that drug should be suitable for treatment of chills. Paracelsus maintained that a drug producing an action similar to that observable in a disease might also be used in the treatment of that disease. This theory led to Dr. Hahnemann's theory of Homeopathy: "Like cures like". Paracelsus, though he advocated his own theory as against that of Galen, was in practice using both the methods to effect cure of diseases. Hence, homeopathy, as a distinct medical school, can claim to have been originated by Dr. Hahnemann. Homeopathy was introduced successfully and with the passage of time quite renowned physicians gave up allopathy and took to this system of cure. Paracelsus practised mysticism and Dr. Hahnemann accepted it at- any rate to some extent- when he made the dilution method the total foundation for compounding medicines of homeopathy. He firmly believed that because of dilution the drug became less material and thereby gained spiritual curative powers. His followers are divided on the acceptance of his spiritual claims, yet many of them follow homeopathy so far as regards treatment, because it gives results. The truth of the matter is that the other school of modern medicine, allopathy endorses the principles of homeopathy when it practices vaccine therapy. Homeopathy, of course, has its own serious drawbacks, to be discussed later.

(3) NATUROPATHY:

As with the first two systems, the origin of naturopathy, too, is European. This system does not spring from a single founder, as does homeopathy. The real spread of the cult took place during the nineteenth century, though it is certainly true that isolated naturo paths did propound their own individual theories during the eighteenth century. Naturopathy is an all inclusive term. Of its many diverse forms, hydropathy (water cure) treatment originated with the pioneer Vincent Pressnitz, who was born on 4th October, 1788. Initially, he cured himself of broken ribs by his own treatment and later established himself as a pioneer. Johann Scroth introduced dieting; while sun-baths and air-baths were introduced by Arnold Rickli in the middle of the nineteenth century. Louis Kuhne introduced steam bath, as also whole-wheat bread and insisted on vegetarian diet. Dr. H. Lahmann was another strong advocate of naturopathy and his writings paved the way to the biochemic system of medicine of Dr. Schuessler. His work Nutritive Salt Theory was particularly instrumental in spreading the doctrine of biochemic medicine. An American advocate of this system, Henry Lindlahr, argued that diseases instead of being the result of microbes were in reality the consequence of the sick body's natural mode of healing what was wrong with it and the external symptom of this process.

(4) OSTEOPATHY:

Though not universally known, osteopathy has a sufficiently large following. Particularly in North America it ranks third with regard to number of followers amongst a multitude of medical cults. It is a brain-child of a medical illiterate, Mr. Andrew Taylor Still. His theory is that diseases are caused by malfunctioning of the nerves or of blood supply, which in their turn are chiefly due to dislocation of small bones in the spine. These dislocations are designated subluxation of the vertebrae. What osteopathy claims to do is to locate these sub-luxations and then adjust them-though what they adjust is an osteopathic mystery to all the world except them. In U.S. A. alone 11000 osteopaths make their living as practitioners of this system.

(5) PSYCHO-THERAPY:

The practitioners who locate the primary causes of many diseases in mind instead of body also trace their theory in the writings of Hippocrates, but much more do they depend on Freud as their modern guide. Freud advocated the theory that sex is the prime mover of man's desires and consequently his actions. He insisted that conflict between mind and unconscious mind should be analysed to relieve a patient of his agony. It is important to note that Freud's co-workers like Adler and Jung later rebelled against him and they held instincts other than sex responsible for man's agony. Yet most of them agreed that Freud correctly put his finger on unconscious mental conflict as a cause of most of human ailments Psycho-therapy also has not remained unchallenged Practitioners of other pathies are equipped with numberless records of cases mishandled by psychotherapists The element of truth in Freudian theories in particular; and the foundations of other psychotherapies in general, is smothered under a weight of pretentious verbiage.

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CHAPTER 5

Some Other Methods of Cure

We have evaluated five major systems which purport to effect radical cures. These do not exhaust the number of such claimants. For instance, iridiagnosis, zone therapy, chiropractic, biochemic system, eastern systems of medicine such as Yunani and Ayurveda are only a few amongst the host of others, while some of the branch systems of psycho-therapy certainly need distinct classification and methodical demolishment.

Iridiagnosis was invented in 1880. Dr. Ignatz Peczely of Budapest suggested that the iris is divided into about forty zones running clockwise in one eye and counter-clockwise in the other. Zone therapy postulates that "the body is divided vertically into exactly ten zones, five on each side of the body and each zone terminates in an individual finger and toe". Zone therapists believe that every type of body pain could be checked, and on many occasions cause of pain could be eradicated, by pressing the relevant finger or toe. Chiropractic, founded by Dr. D. D. Palmer, boasts of a good following in U.S.A. and it very much resembles osteopathy. It also utilises animal magnetism. Yunani system is in vogue amidst the Muslim section, while Ayurvedic system, utilising indigenous herbs, receives patronage from the Hindu section of the population. These two theories are age-old; Ayurveda particularly rests on knowledge of experts who analysed the causes of disease from material as well as spiritual point of view.

Psycho-therapy, though some of its present advocates might stoutly oppose such a claim, has been practised under different names for many years even before Hippocrates. The maxims of this system lay it down dogmatically that the cause of disease lay primarily in mind and consequent to the mind being suppressed either by fear, threat, diversion, faith or persuasion, the disease is cured. Though the claim is one of bringing to the conscious conflicts that are unconscious, in essence it is suppression. In this sense two thousand years before Hippocrates or two thousand five hundred years before Christ, curative phrases (Mantras) in Vedas or incantations addressed by the magician to his tribal Gods mentioned in Assyrian tablets are nothing but an ancient form of psycho-therapy. The ancient medicine man used to address the imaginary cause of disease in the following words: "Evil spell, witchcraft, sorcery, enchantment and all evil; drive from the house; go forth, unto the man, the son of his God, come not into, get thee hence". If the sufferer was cured of his illness, then it is ununderstandable why these cures should not be labelled psycho-therapic, in view of controversial.

aspects of psychological cures even of today. On Freud's own admission, primitive medical man succeeded as he possessed great confidence in the power of his wishes. In the ultimate analysis, then a psycho-therapist should not get bewildered when, on the same lines, critics point out to him that equal success of two entirely opposite schools of psycho-theraphy decisively proves that the curer's will alone effects cure and nothing more. Considering the next temporal develpoment from magic man to religion controlled physician, we find that the name magic remains in bad books-bad from the religious point of view, while Biblical cures were shockingly miraculous. If a leper has relieved himself of his torture (Mark I: 4045) like a magic, by any name it is still a cure-calling it God's grace will hardly make it any the less of a cure. It constitutes nothing but a psychological cure. When religious physician ceased to attract all the sections of pubic, kings assumed the role of physicians. Edward the Confessor (1042-1066) was the first to recontinue the lost tradition of Royal touch of King of Epines or Emperor Vespasian. Any sufferer whom the king touched was cured. The system of royal-touch-cure resulted in attractive consequences. As late as the early eighteenth century we find surgeons of the calibre of Dr. Beckett, F.R.S., and Dr. Douglas, Bishop of Salisbury, admitting personal knowledge of cures by this method. Still later, animal magnetism of Dr. Anton Mesmer (1734-1815), Hypnotism as advocated by Dr. Braid and his followers held the field as effective in bringing about mental cures. Dr. Mesmer's efforts were stigmatised as unscientific and scientists suggested that the healing power in cases of such cure centred the patient's imagination. One only wonders why Dr. Mesmer alone gets singled out for accusation for utilisation of the patient's imagination for cure, when all schools of psychiatry, in one way or the other, have used that very imagination of patient for cure.

Experts postulate that with Freud, a scientific trend of curing commences in the field of mind-cure. Therefore, we have to analyse the claims of post-Freud psychological methods of cure under the common general head **Psychotherapy.** But we have given the early development of this therapy to obtain an accurate perspective.

Developments in mind-treatment in the early stages receive special mention because they throw into sharp contrast the differences between the various land-marks which centre around either in terminology or in superficial aspects, while the content of early conviction and today's practice vary much less in effect. Dr. Jan Ehrenwald, M.D., is right when he remarks: "Occasional duplication caused by changing forms on magical, religious and scientific aspects were equally unavoidable. These three aspects of historical process are closely inter-related they are three different ways of looking at the same thing." It was in this light that the enumeration and a rapid evaluation of this historical background of mind-treatment was deemed essential.

Methods of some types of treatment are grouped in this chapter to bring out how main groups of treatments do not go unchallenged. At the same time, the truth remains that this challenge is not very material. We could have entirely ignored categories of cures treated in; this chapter. But these pathies serve a purpose-enough to bring out the many-sided differenecs existing in the medical world. It is interesting to note that zone-therapy is certainly not a therapy based on reason. For instance, it neither explains how each zone is connected with the rcspective part nor does it consider the part played by nerve and blood. Chiro practic indulges in the same arbitrary mode of conclusions. These therapies are more amusing than scientific. Incidentally, the reader will be amused to know a chiropractic invention merely for its name which happens to be electroencephaloneuromentimpograph.

The proponents of Ayurveda themselves are now aware of the value of scientific methods. On the other hand, certain drugs of Ayurvedic origin are tested, proved and included in materia medica of modern medicine. Ayurveda advocates a spiritual angle of cure which in practice is hardly adhered to by its followers. Its theoretical discussion may not offer a positive contribution at this stage, as we do not aim at mere theoretical criticism. Let us then conclude this chapter, therefore, with the following summary:

(1) Main cure-group falls under five heads, the rest of the media as described in this chapter may be ignored, on the point of merit as also on their unproved popularity.

(2) Each method of this group can be linked up with one of the five major media.

(3) Success of an individual pathy from amongst this cure-group, granting its limitations, serves as a challenge to some of the fundamentals of the major group.

* * *

CHAPTER 6

Evaluation of Allopathy

Back to the subject dealt in chapter four, we proceed to analyse the claims of allopathy—the first major system of modern treatment of disease and try to establish how it forfeits some of its own claims. We shall strictly adhere to reason and quote authorities from their own group.

(A) Hippocrates laid down three principles which form the corner stones of science of modern medicine. These principles, in substance, are the following: (1) There is no authority except facts. (2) Strict observation alone leads one to facts. (3) Conclusions are to be established only from facts—for validity derives from facts. In practice, however, no one ever adhered to these principles. Antimony received acceptance as a cure for specific diseases only on the authority of a dominant and imposing person like Paracelsus. It took one and a half century to establish the fact with respect to its worthlessness. Medical men have sailed in the same boat, so late as the second half of the twentieth century anent B.C.G., as established in Chapter four.

(B) During all periods experts regarded that the ultimate solution was in their hands and maintained so. Pasteur propounded that bacteria will be conquered in the case of every disease, leading to elimination of all disease. This continues to remain an unfulfilled dream. As influenza declined, tuberculosis took its place. T.B. replaced small-pox. Small-pox gave place to syphilis. Plague displaced syphilis, and later heart disease, cancer and others followed suit as new killers of first rank. Funniest part of it all, none of these diseases were liquidated for good. Experts check one virus of influenza epidemic, the cunning survivors of which return under a changed garb and before their own detection, take sufficiently heavy toll of life. The vicious circle goes on to date. Experiments conduced on twins prove that bacteria is not alone the cause of disease.

(C) Naming new disorders keeps allopathy busy, while every problem connected with cause remains unsolved. A commoner remains unhelped when doctors name disorders differently, at intervals. For an interval of time, the cause of disease according to doctors lay in susceptibility, then it shifted to inhereitance. Neither helps a layman to get cured. Take a simple case -that of injections. Eschew injections, you suffer from disease, resort to them and suffer from a possible allergy; the patient faces a grand dilemma.

(D) Effective drugs are few, rest are mainly directed at symptons. Dr. A. Hutchnecker, M.D., following his professor, offers certain pertinent comments. According to him, out of thousands of drugs in pharmacopoea only a few drugs contribute towards cure of specific diseases. The allopathic establishent of value of a drug continues to be as defective as in the homeopathic system and therefore in everyday practice, many allopathic drugs continue useless for many patients.

(E) Surgery is misused in practical life. Even if an attack against surgery by an intellectual like Bernard Shaw is ignored as from a non-medical individual, we cannot ignore the warning of an authority like Donald Cooley who suggests that kidney stones tend to grow more after the operation. Neither can we ignore the admission of an authority like Dr. Graefenberg. He wrote in 1929: "Many an appendix has been sacrificed to a harmless...pain... If the pain happened to be in the left lower quadrant, the left adnex (ovary) were doomed... Back pains were at once associated with displacement of the uterus".

(F) Drugs, old or new, after passage of time prove worthless. Even apparently harmless therapy leads to undesirable reactions. After decades of use of X-rays treatment, the multitude of dangers X-rays invite attracts the scientists' attention. The dangers of radiation are becoming more and more apparent. The disadvantages of chemotherapy, as now revealed, bristle and its revelations shock us. Some patients exhibit idiosyncrasy; for example, hypersensitivity of skin to penicillin. The attention of experts has been forcefully drawn to new problems, where they find that organisms attacked with antibiotics, often develop resistant strains, just as the body attacked by organisms develops immunity to them. The scientists note, "To begin with, the antibiotics shift the balance of body in favour of the patient but, as treatment is continued, it may shift back in favour of organism." In fact this single finding by experts should demolish most of the grounds of defence of present allopathic treatment. It should be noted that these are findings of medical experts.

(G) Many allopathic practices now accepted as erroneous and given up, cost humanity thousands of lives. Surgical instruments were formerly dipped in carbolic acid. Later discovery showed that microbes seem fond of this acid. Formalin was squirted into the circulation of T. B. patients which later was found to nourish it ! Who knows that the present so-called proved theories would not follow suit of these and other numberless examples, some quoted elsewhere in this work. In the history of medical science, we find innumerable shams of this kind, once taken as genuine, now seen to be utterly false. Their counterparts continue busily earning praise and money at the present day.

(H) Theoretically, modern medicine does consider factors mental or emotional. It is accepted that a certain mental stress can bring about diabetes. The doctor, once diabetes sets in, merely tests urine, varifies the disease beyond dispute as diabetes and treats the patient. One fails to trace a method in allopathy wherewith the problem of stress, the original cause of disease, is faced—except, possibly, occasional lectures to the patients to forget stress. Some of the illustrations recorded in the following chapters indicate how doctors ignore mind factor in practice, while advocating in theory the essential need of taking it into account.

The claim is not that these points make a full case against allopathy. The list of unsolved riddles, as admitted by allopathy itself and partly mentioned in Chapter two, estabtishes the limitations of allopathy. Innumerable other points militate against it, although allopathy's bright side, too, exists. For instance of all methods of cure, allopathy alone stands very open, frank and unpretentious. In no other schools of medicine, the top-heads would so readily admit the failures of their system. In many instances, the world knows of the failures of modern medicine through the inventors or their immediate followers themselves. Such frankness one hardly comes across where truths about the other cults get placed in the dock. Another note-worthy fact about allopathy is worth mentioning. If experiments prove that standards set forth by its logic are reached, then discoveries receive acceptance even when they come forth from non-medical persons. As we know, Pasteur was not a medical authority in the real sense of the term. These high-lights of allopathy have acquired for the system a supreme honour and confidence, in contrast to the position of other cults. On the other hand, besides its natural limitations, the first outstanding shortcoming of allopathy remains its nonconsideration of and failure to treat psyche in all its aspects. Some experts feel that treatment of psyche constitutes a specialised area reserved for psychologists. Allopathy's error lies in bifurcating mind and body and giving mind to psychiatrists for treatment. Mind is indivisible, in that sense, in its relation to body. Psychiatrists themselves hold conflicting views on problems of psyche and the allopath's wisdom in leaving mind to them, therefore, has brought grief to allopathy in every respect. The second great handicap from which allopathy suffers lies in the fact that its followers have not the same sense of scientific detachment of their masters that resulted in highest respect for allopaths. Therefore, its high value gets completely diluted when we turn to a representative of allopathy at our street-corner, who undertakes to relieve us of absolutely any agony. The street-corner practitioner easily enters the arena where his angel-authorities fear to tread.

* * *

CHAPTER 7

Evaluation of Four Other Systems

Having subjected allopathy to critical scrutiny, we proceed to analyse the shortcomings of other systems, namely,

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homeopathy, naturopathy, osteopathy, and psycho-therapy.

(A) HOMEOPATHY:

(i) In homeopathy, effectiveness of drugs is established by their effect on healthy persons. The procedure followed is to give the drug under experiment to the healthy, note the disease it creates or symptom or symptoms it produces and then take recourse to this drug when a patient suffers from similar symptoms. The method is logically erroneous and practically absurd. No person on whom the drug is proved can be healthy in any real sense. Experiments show that if you administer an identical drug to different persons, it accomplishes different results depending on their genetic limitations, psychological set-up and environments.

(ii) For argument's sake assume that we do locate some apparently healthy persons; their number is not sufficient to prove unequivocally the value of the drug and so gain for it the reputation of a scientific test.

(iii) The method of over-dilution stands condemned, even by some of the followers of the founder of homeopathy, Dr. Hahnemann.

(iv) The founder of homeopathy was firmly persuaded of the spiritual aspect of the homeopathic drugs. True, he avoided being as mystically strange as Paracelsus. Yet the spiritual aspect accepted by Dr. Hahnemann receives refutation at the hands of some radicalists who followed him.

(v) If you go to four homeopaths narrating some symptoms, usually treatment by four different drugs ensues. The same phenomenon prevails also in allopathy, but it turns out more complicated in this system in the absence of clinical diagnosis and since a symptom of ill-health might have originated from more than one cause, in an individual case.

(vi) Dr. Hahnemann also contended that about 87 per cent of chronic diseases were variations of psora (itch). This aspect was completely rejected by many of his followers.

(vii) The law of similia, the foundation of homeopathy, is certainly not an absolute law or a universal law. Its formulation is more or less arbitrary. As a result, this law suffers distortion at the hands of some followers of homeopathy like Dr. Rogers who attemptcd to potentize blood drops of patients to cure him.We need not go into the details whether Dr. Hahnemann was wrong or his followers were wrong; we find some truth on either side. The point I wish to emphasize is, this fundamentally controversial and internally conflicting method failed to win the confidence of the public. As in every pathy, we come across any number of cases of failure and non-homeopathic practitioners quote concrete cases from amongst their patients with complaints against homeopathy.

(B) NATUROPATHY :

(i) As with homeopathy, one founder cannot receive the honour as originator of this medical cult. Consequently, this has led to the advocacy of diverse views, vastly different from each other, by diverse extremists. One insists on salt, another on water, yet another on lemon. It seems that the subfractions arise from individual experience. Mud, steam-bath, cold-bath, water, lemon, salt, sun-baths as sole curers present conflicting views about naturopathy.

(ii) Nature does not exaggerate as naturopathy does. Adjustments of salt or other items holding sole human need is tantamount to accusing Nature of impropriety.

(iii) There exist basic controversies among naturopaths on problems of food, as much as they do amongst allopaths as detailed in Chapter one. Over and above all this, a cult amongst naturopaths believes in fasting. Critical examination reveals that a mole of truth has been mixed up with a mountain of absurdities.

(iv) In practice, naturopaths turn out shaky in their beliefs. They introduce medicines directly or indirectly. The case of Eugene Dibs, who died of treatment of which allopathy is usually accused, provides the glaring example of this shakiness.

(v) Naturopaths fail to take into account mental factors in their proper perspective. Fruit juices may keep the body fit, if body is the sole consideration. But no amount of pure fruit juice can possibly relieve one of asthma, for instance, unless the elimination of its root cause—anxiety—receives first priority.

(iv) Naturopaths keep their camp open to all. Consequently, a pioneer of chromopathy, Edwin Babbit becomes one with this camp without any difficulty. This Babbit cult claims that coloured light can cure incurable diseases. One wonders what happens when a hungry person and an overfed guy both sit simultaneously in colour-adjusted rooms.

Naturopathy surely stands accused of magnifying small, isolated truths to apparently questionable proportions.

(C) OSTEOPATHY

(i) There is not extant any logical theory behind the system. Though the third greatest cult in America, patronage to this system flows from small towns, where modern medicine offers slightly less stiffer competition.

(ii) In practice, as Dr. Fishbein points out, many osteopaths massage parts, other than spine. Therefore massage seems to have a curative effect.

(iii) More important for our argument osteopaths also use electric therapy, administer anesthetics, prescribe drugs and advocate small operations—all of which eliminates even the vestige of any logic from this pathy.

(D) PSYCHO-THERAPY

(i) Admittedly Freud is the founder of modern psychotherapy that undertakes on scientific lines to relieve humanity of its suffering. He gives top priority to sex as the prime mover of life. This claim was offensively questioned by some of his followers. No founder of any cult underwent such ruthless attacks by his own colleagues or followers as was Freud. The very foundations of a new analysis were shaken. It sounds just like the medical satire, "Operation successful, but patient is dead."

(ii) Psycho-analysts of various schools proudly claim to solve the riddle of human agony, which according to them can be solved only by analysis of mind. Granting for argument, that they have reached an elephantine safe, which they have found before others, they certainly lack a key to open it. Everyone struggles to open the safe with a new key, yet without success. Freud's sex-theory met with many a challenge, so also Adler's power-theory. Eric Fromm places culture as the more determining factor. Jung, once a close-associate of Freud, remained a rebel to the last. He, in theory, tries to bring about a compromise between Adler and Freud, and concedes that to the riddle of the mind, there can be more than one key. (In practice, however, it is interesting to note that Jungians are not even on talking terms with Freudians.)

(iii) Uncertainty of diagnosis naturally follows from this confusing state of affairs. Cases before courts throw revealing light on the stupid confusion. While deciding suspected insanity, eminent advocates of this cult submit diametrically opposite opinions.

(iv) Dr. Alexis Carrel of France has very brilliantly pointed out a basic defect. He says: "psycho-analysis in directing the mind of the patient upon himself, may aggravate his state of unbalance". Carrel's objection accounts for a number of failures in treatment with psycho-therapy.

Innumerable objections and very powerful ones can be pitched against the theory and practice of every cult.

An indication of how these pathies themselves prove their incomplete character speaks **for itself.**

* * *

CHAPTER 8

The Incompleteness of Every System

A wag puts it thus: "When treated by allopathic medicines the patient dies of allopathic medicines; on the other hand, homeopathic medicine results in death by the disease." The satire centres round the minute quantity of drugs used by homeopaths. The utilisation of absurdly small quantity of a drug is not the monopolistic virtue of homeopathy alone, but one that it partly shares with all non-allopathic systems. Dr. Kenneth Walker quotes a witticism about allopaths themselves, that old physicians allow patients to die, while the younger member of the fraternity kill them with drugs. All these epigrams indicate the universal belief that in many cases, treatment or no treatment recourse to this system or the other, Nature heals the sick. Time, the major remedy, cures all.

A careful scrutiny of the writings respected by various pathies immediately leads to the discovery that masters of each pathy well appreciate the shortcomings of their own system—though the top thinkers in the field of allopathy rank highest where frankness and open admissions of failure are concerned. For instance, allopathy would openly admit that the factor of mind needs recognition in maintenance of health, though this aspect gets ignored or goes uncorrected by the present experiments in allopathy. On the other hand, homeopathy claims to consider and also to correct even the slightest mental symptom gone wrong. In the ultimate analysis, the admission of the shortcomings of homeopathy, opponents wring out from the actual cases of failure after homeopathic treatment. Some homeopaths offer the argument that their theory is infallible, any failure in course of homeopathic treatment must necessarily be ascribed to a particular doctor's incapacity, it needs classification as a particular doctor's failure—never that of homeopathy. This plea rests on so obvious a fallacy as not to deserve any serious rejoinder. If face-saving devices are resorted to—and that is precisely what such pleadings mean—in the analytical discussion of basic failures, then surely the demarcating line between science and pseudo-science will become totally obliterated. Is it, then, contended by homeopaths who so argue, that the books themselves which expounded their "perfect" theory can cure the patients? Does there exist name of a homeopath who practiced on this earth without any failure in treatment of mental cases? If homeopaths or practitioners of any cult say so, they deceive themselves rather than any prudent person.

In that sense, any practitioner who can rise above his monetary motive for a moment, will admit limitations of his practice. He will voluntarily subscribe to our view before his failures are forced on his table and before we read out to him extracts recording theoretical failures of his own masters. Our opposition is not directed against any particular individuals, but we radically oppose the specific assertion, made in many a quarter, that the favourite system of the proponent stands out perfect, faultless and mathematically universal.

Then do we mean that all methods are absolutely wrong? No. The partial coincidental truths contained in each theory have survived it and the rest. "Live on lemon" says a naturopath as a personal experience and conviction. It suits some of those who follow this advice and they are benefitted. Some one whom lemon juice affects adversely, seeks consultation from "salt" naturopath or allopath where he meets his cure. This poor patient has neither the time nor energy to propagate against the "lemon" practitioner, to conduct warfare by words. On the other hand, if he investigates cases of the doctor who cured him, he will discover that some patients whom his successful doctor could not restore to health by punches of injection, found cure in the advice of the "lemon practitioner".

In this manner, all the imperfect practitioners flourish perfectly, inspite of diverse—and even conflicting—advice they offer. Till any investigation of their case papers is imposed upon them, they will continue to thrive on the coincidental success they meet, in the name of eithcr Dr. Hahnemann, Dr. Kunhe, Dr. Still, or in the general name of science. Fortunately, every patient has to die only once and get cured of hundreds of occasional ailments all through his life with or without medicine. The afflicted nervous patient forgets the ills done to him by several practitioners and he propagates the name of his successful doctor as if he has met St. Bernadette, and as if his dispensary were nothing short of Lourdes. Therefore, all systems of cure go unquestioned amongst their respective followers—for patients may shift their camp, but they never give up the faith that some one else will certainly cure them. They feel justified in their faith, when they meet their reliever in the form of some white-dressed doctor. The poor patients never know that so great an authority as Dr. H. W. Haggard, M.D., recorded the verdict-that ninety per cent of diseases are curable without medicine.

The truth remains unpalatable to doctors and therefore they often oppose it on quite untenable grounds in private. Yet every patient in his heart of hearts fully endorses the extent of his own suffering at the hands of various pathies. True, there exists some rare cases that continue their treatment under the advice of some doctor for years. They call him "family doctor". very few terms indeed reflect so much self-deception as the term "family doctor". If "family" receives supervision from a doctor, barring accidental incidences, there should be no ailments. But in fact, those families who maintain "family doctor"- seem more susceptible to occasional disorders. Such families insist on discarding a tailor if he merely cuts a pocket wrongly just once, they refuse to lend money to their friend, if he delays repayment but once, they change their grocer if he provides them with bad stuff only on one exceptional occasion, but they think it blasphemous to think of discontinuing the services of their family doctor even if he gives wrong medicine, causes delay in curing and despite his removing tonsils wrongly from a family members throat. consequently, the "pocket" of the family-head gets cut for a large amount and while the tailor receives punishment for cutting wrongly the pocket of a mere coat through over sight the "family" doctor" receives praise ever more. His indispensability to the family increases. In this light the practice in China (which prevailed at any rate in pre-communist days) recommends itself as significantly good. In that practice, the "family doctor" receives his regular allowance so long as every member of the family enjoys good health and as soon as any member falls sick, the doctor forfeits his right to the allowance.

Through this digression, I intended to show how all practitioners encourage their patients to place belief in their treatment and how they want the belief to take firm roots Dr. Cato said "I owe less to people of Rome than the people of Rome owe to me". Most of his followers in this century possess the same ego even through every practitioner well knows in his mind is his limitations. An allopath, a naturopath, a homeopath or an osteopath fails, knowingly or unknowningly, when he ignores the mind. This is the crux of the problem. On the other hand, a psychotherapist fails to offer a true interpretation of mind as we have seen, at least in as much as he only represents one section of the controversial side. To sum up: All prevailing therapies thrive on a few grains of truth and the rest are merely experimental speculations. As Bacon said, "Men become attached to certain speculations as they fancy themselves the authors."

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CHAPTER 9

Miracle Cure

We have subjected to critical analysis major methods of healing the sick and have arrived at a reasonably conclusive terminal point. Yet, before proceeding to evolve a new method of cure, an essential condition needs to be satisfied. We should be unexceptionally certain of not having ignored to take into account any known method of cure. This leads us to the consideration of miracle cure. At the outset, we must admit that miracle-cure does not lack merits and, of course, failings. Let us then proceed to understand and place it, with regard to its curative possibilities, in a proper perspective.

The part played by psyche in miracle-cure has long been a subject of controversy. To classify miracles as wholly psychological would be a rash, totally unjustifiable act. For if one grants that, then psychologists need explain the miracle-cures, accepted as legitimate, where children less than one year old are concerned. Certainly some miracle-cures remain inexplicable in terms of accepted psychological theories. This renders the necessity of their analysis all the more important.

Events receive the imprint of being miracles, when they are related to some specific place, or individual, or both.

Factors such as time or recital of certain phrases also sometimes play their part. Essentially, miracles get so named because they are definitely known as phenomena that defied laws of nature. Miracles include miracle-cures and these have been known to occur in almost all parts of the world, from time immemorial. In almost every religion occurs vividly described mention of miracle-cures, though these have differed in meaning and manifestation, from religion to religion. Nor are these limited to the past. Even today, in this decade, reports abound of some miracle-cure in some temple, shrine, church, some other place of prayer or other spots not directly related to religion.

It would require volumes merely to record the miracle-cures effected so far. For our purpose, we proceed to consider only one place for a thorough analysis, undeniably subjected to scientific tests to a fair degree and which takes a rank as a place of genuine miracle cure centre for over a century. The place is Lourdes, in southern France, by river Gave in the Hautes Pyrenees and thus not far away from Spain. In 1858, a young girl, Bernadette, born in a poor family, witnessed at the entrance of a Grotto, a lady of surpassing beauty. As Bernadette observed spell-bound, the lady made the sign of cross towards Bernadette. The girl often visited the Grotto. On the ninth occasion or so, the lady pointed out a spot where a new spring of water sprung. Bernadette had to face suspicion, vexation and embarrassment, which turned afterwards into respect and affection from all over the world. Those who came to scoff at her Grotto, remained to pray. This new spring near the Grotto proved to be a miracle-cure center, as it effected the cure of a number of suffering people. For over a century a stream of people from all parts of the world visit this place. During the centenary year of St. Bernadette's vision, about six million pilgrims visited Lourdes.

Lourdes stands out as a case study of particular importance for analysis, as the miracles have been vouchsafed by thousands of doctors and medical authorities. Thus a prima facie case of actual occurrence of miracle cures exists. Practically all outstanding newspapers referred to the miracle-cures at Lourdes. **Life of U.S.A.** displayed a series on Lourdes, **Times** brought out a special supplement and **Readers Digest,** January **1956,** had published, in its Book Section, The Mystery of Lourdes. Extant records show cures of innumerable varieties achieved at Lourdes. Some disorders, as also extreme pains, have instantaneously disappeared when the sufferers entered the water of the spring. The diseases cured at Lourdes include the most definitely discarded cases by doctors as hopeless. Madame Augault was cured of fibroid tumour, a cure recorded by doctors as one of the most miraculous in history. An American journalist reports an eye-witness case. Madame Bire was blind, the nerves of her eyes were completely atrophied. After she visited the Grotto at Lourdes, her eyes underwent a miraculous change, she could read well, months before the optic nerves had regained their normalcy. This is considered to be a medical impossibility, because atrophied nerves do not recover.

Does the water at Lourdes Grotto possess any medical properties? No. It is merely rich in calcium as water is at many other mountain resorts. The analysis by Prof. Filhol of the Faculty of Sciences at Toulouse indicating the contents in the water is given below :

SRI JAGADGURU VISHWARADHYA
JNANA SIMHASAN JNANAMANDIR
LIBRARY
Jangamawadi Math, Varanasi
Acc. No. 6400

Carbonic acid	8 cc.
Oxygen	5 cc.
Nitrogen	17 cc.
Ammonia	Traces
Carbonate of lime	0 Grams 096
Carbonate of magnesium	0 Grams 012
Carbonate of iron	Traces
Carbonate of sodium	Traces
Chloride of sodium	0 Grams 008
Chloride of potassium	Traces
Silicate of soda and	0 Grams 018
Traces of silicate of potassium, sulphate of potassium of soda	Traces
Iodine	Traces
Total	0 Grams 134

Right from 1886 onwards medical authorities have supervised these miracles. Those who supervised stood above any suspicion, and the list includes such great authorities as De. Maclon, Dr. Boissarie, Dr. Le Bec, Dr Marchand and Dr. Vallet. The President of Medical Bureau in 1953 was Dr. Leuret. Any doctor receives permission to partake in the activities of the Medical Bureau and in 1953 alone 1500 doctors from all over the world took part in the examination of the miracles. The Bureau maintains a completely equipped laboratory and runs as an independent organization. The authenticity of the reports of the Bureau follows from the imposing nature of the qualifications and the integrity of those who worked on it. The distinguished panel of the members of the Medical Bureau that functioned during a recent year consisted of the following members:

Dr. Grenet, President. Specialist in Children's Diseases, Paris.

Dr. Auvigne, Surgeon. Specialist Genito-urinary Diseases, Nantes.

Dr. Biot, Endocrinology. 30 Cours Albert Thomas, Lyon.

Dr. Ch. Lancrenon, General Medicine. 3 Rue de la Trinite, Paris.

Dr. Langeron, General Medicine. 63 Rue Vaubun, Lille.

Dr. Lanos, Surgeon. Joseph's Hospital, Paris.

Dr. Lhermitte, Neuropsychiatry. 9 Rue Marboeuf, Paris.

Dr. Mauriac, General Medicine. 12 Rue Vauban, Bordeaux.

Dr. Merigot de Freigny, Ophthalmology. St. Joseph's Hospital, Paris.

Dr. Michon, Surgeon. Urinary Diseases. 40 Rue Barbet, de Jouy, Paris.

Dr. Oberlin, Surgeon of the Paris Hospitals, 121 Bvd; St. Germain, Paris.

Dr. Pasteau, General Medicine, Parce, Sarthe.

Dr. Sendrail, General Medicine. 26 Bvd. Carnot, Toulouse.

Dr. Huc, Orthopedic Surgeon. 44 Rue Notre Dame des Champs, Paris.

The following international members have been added to the Commission:

Belgium:

Dr. G. Van Schuren, Professor of the University of Louvain.

Dr. Ch. De Gheldere, Boussu, Tournai.

Germany :

Dr. Earnest, Chief Physician, Hildegardiskrankenhaus
Cologne.

Dr. Meixner, Chief Physician, Schonmunzah, Schwarz wald

Great Britain :

Dr. Daniel O'Connell, Charing Cross Hospital, London.

Dr. Dorothy Makepeace, 38 Ashley Garden, London.

Ireland:

Dr. J. Stafford Johnson, Richmond Hospital, Dublin. J. Morrin, Chief Surgeon, St. Vincent's Hospital

Spain:

Dr. Juan G. Queralto, Professor of Medicine, University of
Barcelona.

Dr. Augustin Garcia Die, Spanish President of the International
Medical Association of Lourdes.

We present these details to emphasise how, after a perfect and unquestionable examination, miracle-cures continue to puzzle the medical authorities.

* * *

CHAPTER 10

Evaluation of Lourdes Miracles

Emile Zola, the famous author, declared himself an avowed antagonist of Lourdes miracles. His hostility went to the extent of his declaring; "Even if I saw a miracle, . I would not believe it." Yet even he, whose attitude to Lourdes is so critical, admitted frankly that he had come across some instances of genuine cure. Looking from an unbiassed angle we have to concede that Lourdes deserves its reputation as a miracle-cure centre, to an extent at any rate. The Medical Bureau collected a record of 1200 cases of complete inexplicable cures; yet another 4000 nearly genuine complete cure cases and, if the strict medical restrictions as to what constitutes a complete cure are relaxed, the number of cures would touch 10,000. True, as compared to millions who visited Lourdes, the figure looks insignificant. But four significant points further prove the value of Lourdes.

(1) After their return, very few pilgrims care to report back to the Bureau.

(2) The Medical Bureau is extremely strict in crediting a cure as miracle. First certificates, clinical reports, X-rays examination and follow-up of some procedure of check-up after the pilgrim returns from the Grotto and for a sufficient time thereafter, make it impossible for a cure to pass as a miracle without really being so.

(3) The Medical Bureau is a center established to confirm purely organic cures, and its physicians evince no interest in studying psychic forces. Hundreds go away unrecorded because their cases show no evidence of any organic cure.

(4) Those not physically cured, receive some sort of benefit. As Dr. F. Dunbar quotes, "All of them are in some way changed and go back with different attitude towards their illness."

The main and the most important point in favour of miracle-cure and against sceptical doctors is, Dr. Smiley Blanton observes, that even ten such cures or even one would have been dumbfounding.

This brings us face to face with a remarkable conclusion. On the one hand, miracle-cures prove the extent of the absurdity of the claims of all pathies. Cases admittedly proved incurable by these, are on record as having been cured at Lourdes. The patent incapacity of different scientists to offer any scientific explanation is notorious. These cases still elude analysis. On the other hand, miracle-cures are not universal and their manner as well as manifestation varies. This proves that even miracle cure turns out to be as undependable and as imperfect as any one of the other medical cults.

Doctors who argue that Lourdes cures depend upon "unknown natural forces" flounder on the uncertainty of such cures. Natural laws are universal, as for instance, gravitation operating without one exception. While the miracle-cures at Lourdes baffle all, in connection with these we find extreme variability and unpredictability. In the case of some people, cure takes place at the bath, in the case of the others at the procession; intense pain precedes some cures, while others come about with no pain at all—the patient feels only a sudden sense of ineffable well-being.

To enumerate the points about Lourdes miracles :

(a) For over a hundred years, cures have been continuously reported.

(b) They receive supervision from top medical authorities who hail from various countries and who belong to diverse religious faiths.

(c) Water at the grotto reveals no uncommon medical properties.

(d) A record of over few thousand cures certified after extremely rigorous medical tests with all modern equipment proves that "miracle-cure" does occur and constitutes a distinct class amongst several cure-media.

(e) Cure of very young children proves that we commit a fallacy in ascribing the cure to psychological factors entirely.

(f) The extreme variability, suddenness, unpredictability prove that we cannot invoke "unknown natural laws" to explain Lourdes cures.

Readers may find that they have come to a blind alley and that they would henceforth be starved of any hope of a specific remedy. When all present methods are found apparently having been laughed out of court, what hope can a sick harbour? I do not feel that the case is that hopeless. People would continue to get cured, as they were being healed before. The essential need is to understand the phenomenon of such cures in its proper perspective, so that misleading becomes impossible hereafter. Medical experts who criticize Lourdes are partially right when they say that Lourdes cures depend upon "unknown natural forces". When malaria affected King Louis XIV of France, he was given a herb chinchona (named after the first patient, Countess Chinchona, on whom it was tried successfully); then it was a miracle. But when later extracts were prepared and quinine introduced in the market, it ceased to be a miracle. This again is an insufficient explanation, as it springs up another miracle. Some patients defy quinine and continue to get malaria. The proportion might be a million to hundred, as we find in the case of Lourdes.

But if proportion of thousand to million cures in Lourdes is enough to obtain for it the label of miracle, thousand in million uncured patients using quinine should also be called a miracle.

Does a way exist out of this chaos? The chaos exists because of our own contradictions, when we attempt to explain miracles by "unknown natural laws", while all along our presumption is the universality of natural laws. Therefore the way out of chaos lies in the direction of going deeper and to dive down to genuine fundamentals in the sea of pseudo-scientific concepts and search for the **basic natural law of disease and cure.** We should either call all cures in the dispensaries as "miracles" or term miracles at Lourdes—as also at other places—as taking place by some "natural law" which should be made known. It would be a bitter pill for practitioners of all pathies to allow all their cures to be called miracles. We therefore hope that in mere self-protection, they would join our search for an "all covering natural law", that explains disease and makes the myth of miracle an outcaste.

The one fundamental disadvantage under which all media of cures, including miracle-cure, labour is their attempt to universalise their treatment. All pathies go ahead with an ambition to standardise and solve all human problems of disease. The ambition creates difficulties both for patients and the pathy. Each pathy presents a pathetic picture in its attempt to bring the whole human race in a purview of a pill or a faith. Pathies currently practised merely cure some ills of some men. To use a mathematical phrase. they have discovered in many cases, H. C. F. (highest common factor) of cures and they labour under the illusion of having found L. C. F. (lowest common factor) of all cures for the entire human race. Disillusionment would be delayed—till the pathies come to believe in experiments on groups. To find out L. C. F. of cure of human ills as a whole, nothing short of a basic search will do. First and foremost the idea of an all-enveloping medicine has to be abandoned. In this connection, the observation of Dr.Clark-Kennedy goes a long way: "No two people, however—although identical twins may come very near to it—are the same.

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CHAPTER 11

Certain Fundamental Definitions:
Individual, Disease, Cure

In order to avoid confusion at this juncture it is essential and important at this stage of analysis to proceed ahead step by step to understand how a common treatment can be invented for all human beings. Various present day media of effecting cures betray the appearance of ready-made clothes shops, where they stock standard suits, shirts and wares according to types of human structures. If the measure of the breast turns out forty inches the stockist offers the customer a readymade apparel supposed to fit him. The customer needs must accept it, though it may not fit well in, say, armpits. The customer necessarily forgoes choice of colour and type of texture. If a Japanese patronizes an American ready-made clothes shop, he is forced to accept perhaps the ware meant for an American teenager, as the ready-made clothes shops take into account nothing else except a commonly understood height or other measurements. No considerations of colour, texture, structure, requirements of weather etc. influence the running of ready-made shops. Therefore, for individual adjustments, those who can afford to, go in for specially measured and cut wares. The scrupulous care an individual bestows upon apparel, is, very strangely, altogether forgotten in the case of a far more important matter, that of health. The primary task commences with arriving at a definition of an individual, then we proceed to obtain an idea of disease which he wants to get rid of, and, finally we have to determine what a person considers as a cure. Our fundamental task is to define basic requirements. .

DEFINITION OF INDIVIDUAL :

The dictionary defines an individual as "single, particular, special, opposite to general; having distinct character". This reflects that the classification of men proceeds under diverse heads such as country, race, faith, religion, colour and other aspects, each with relation to some particular dimension. But once you reach the basic unit, an individual is a dead end for further classification. The individual is a whole uniqueness characterises an individual. No man could possibly speak of one country for his legs, another for his hands. Faith, if any, belongs to the unique and whole individual. Pleasure or grief are invariably individual. Any part, say eyes, of the individual cannot remain serene while his ears ache acutely. Simultaneously it remains true that, though within himself he is wholly one, beyond himself, he is distinctly different. Dr. L. R. Broster, O.B.E., D.M., M. Ch. (Oxon), F.R.C.S., Hon. F.A.S.A., observes: "Even the Siamese twins, where the embryonic cleavage takes place later....are less alike than identical twins." Identical twins, as we had occasion to remark at the end of the last chapter, are themselves not exactly alike, and it is essential to grasp that Siamese twins which are physically joined, body to body, do differ. Indisputable data establishes that, twins do not necessarily die of the same disease. Every man, therefore, is unique, decidedly different from every other man in the world, in his physical and mental set-up—may he be one of the twins. Furthermore, it is clear that in the case of twins, what may be identical may be physical features, while mentally they must necessarily be distinguishable. Twin brothers may have eyes with undistinguishably narrow difference in colour-range, but if one is egoistic and the other is sex-dominated, the difference certainly must be regarded more distinguishing in these mental realms. Eldon Moore's investigations vividly warn those who contemplate to mould humanity in terms of mass production and mass statistics.

An individual is characterized, therefore, by five features:

(1) Every individual stands out distinct from others and distinguishable from all other human beings.

(2) As an individual, he forms a complete whole. So long as he lives, he is further undividable.

(3) His mind and body are inseparably correlated, till he is alive. (We shall later on consider which factor predominates.)

(4) Certain physical features may be common between two individuals, but mental factors must have some difference.

(5) Mind is not visible. However emotions are expressions of mind and to that extent mind is expressed to others.

DEFINITION OF DISEASE :

(1) Literally, disease is loss of ease. It is a condition where the individual has lost his ease.

(2) In the **Text Book of Pathology** (fifth edition) Dr. Alfred Stengel, M.D., writes: "Disease itself may be defined as abnormality in structure, in function or in both combined." (Page 17).

(3) In **Patients and Doctors** it is mentioned that etymologically speaking disease means an absence of ease (Page 26). The author has given an excellent description of the changing view of illness in course of several generations. The author remarks, "(Human being) is mysteriously complex, body and spirit, no one of which can be disturbed without the rest being disordered" (Page 29). In **Human Disease** we come across the following definition of disease...."Condition of a man when some genetic fault in the plan whence he is derived, adverse action on his body and mind, or interaction between them, have led to alteration of structure or disorder of function of his body or some abnormal reaction of his mind with the result that he develops symptoms or cannot adapt himself to the environment in which circumstances dictate that he must live." (Page 229).

Many more definitions, each one emphasizing different criteria, can be put forward with the greatest ease, but these three sufficiently serve our purpose. It is interesting and equally significant to note that Dr. Stengel does not refer to "mind" factor in clear terms and his definition sounds incomplete. The majority of other experts, attribute, in clear terms, disease to mind or unambiguously concede its possible source to be mind; for in recent years very extensive changes in attitude are observable. The definitions boil down to this, "Disease is condition of mind where one has lost ease because of any abnormality in body or mind or both."

Since the starting point of this definition is "condition of mind" it needs some explanation. Suppose there is a big black spot on the left thigh of a person, it will be ignored if painless. If the same spot be on nose, he would lose all his ease, he will rush to consult a doctor and take the recommended treatment. For, ego of the person is involved. He would even invite use of plastic surgery, which is not short of a condition of disease in ordinary sense. If his mind be subject to the condition 'stress' as doctors call it, due to this black spot, it may bring reaction in terms of some disease. On many occasions disease seems wrongly associated singularly with pain. This 'black spot' illustration reveals how a painless condition also forces a condition of disease. If a person suffering pain receives a sudden shock, his pain recedes into the back-round being no longer felt. What I intend to stress is that unless the mind is taking cognizance, the physical condition of disease assumes a secondary role. Broken leg is a condition of a disease. But after the wound gets healed, whether or not to call nervousness that continues to exist a condition of disease, remains an individual equation. An ordinary person will develop an inferiority complex, while a king like Taimurlang will intensify his oppression with doubled revengefulness. It is in this light that the words "condition of mind" in this definition are relevant and significant.

DEFINITION OF CURE :

Comparatively, the problem of defining cure is easy. Absence of conditions of disease as described above will amount to cure.

The real question is to define what constitutes a real cure. A well-known medical authority like Dr. Alexis Carrell admits that years gained by suppression of diphtheria, small pox, typhoid are paid for by long sufferings and lingering deaths caused by chronic affections and especially by cancer, diabetes and heart diseases. So the present "cure" practically brings about not cure but temporarily keeps in abeyance maleffects of disease. A chain of reactions that patients are heir to throughout their long span of life, definitely endorses this truth. Therefore, we can safely define cure as absence of conditions of disease without fear of being contradicted by any practitioner of to-day. As we shall see later, according to us, of course, cure is real and genuine, only if mind is really cured of agony.

* * *

CHAPTER 12

Conception of Disease

In the light of definition of disease, from the outset we have to be quite clear in our mind as to what we could term as disease. Mere emphasis on losing our ease may not elucidate our point. For instance, a partial list of diseases that can be considered on the basis of our definition runs thus :

(1) Accidents.

(2) Casualties in war.

(3) Sufferers in cold war.
(4) Criminals or inmates of jail.
(5) Victims of atomic radiation.
(6) Externees from native places.
(7) Individuals inflamed by concepts of race superiority.
(8) Individuals inflamed by a feeling of religious superiority.
(9) Very high birth rate.
(10) Very low birth rate.

The list can be easily lengthened. But this is certainly good enough to raise a problem and one that demands an answer. A medical practitioner will connive at a psychotherapist who maintains that responsibility for physical disorders rests on psychic conditions. Yet he will surely protest if jail-birds are classified as patients. "Far from it," doctors will hasten to assert, "Inmates of jail suffer less from diseases. They are healthier than many outsiders." We proceed to explain why these groups define sufficient conditions for disease though for commonsense that classification is hardly necessary.

(1) Accidents : The German psychologist Dr. Marbe discovered in the third decade of this century that occurrence of accidents depends more on the mind of a person and implies lesser role of factors of chance—till then imagined to be solely causative. Dr. Kennedy-Clerk, F.R.C.P., attributes accidents to genetic and consequently to mental factors. But Dr. Dunbar, M.D., is out-standingly accurate and exact in her findings. Her researches indicate that just over 10 per cent of the accidents are really accidents, the rest have an intimate connection with the personality of the victims of accidents. Research observations in New York confirm that certain people are accident prones.

(2) **Casualties in war :** War is not only a disease, it is an epidemic. The toll of the epidemic is gigantic and quick. Strange indeed that people call rheumatic pain in leg a disease, but refuse to designate it a disease when a soldier invites a total leg-cut in war. It is simply a view of an ailing mind when we read Mr. Vannevar Bush of U.S.A. write in **Modern Arms and Free Men** that war is a favourable phenomenon. He maintains use of even bacteriological weapons to be in order. Robert Cook has gone even further and maintained that wars are essential for population decrease. (In this context an analysis of the disease of "race superiority" given at a later stage in this chapter, makes educative reading.)

(3) **Sufferers in cold war :** Effects of cold war turn out to be sometimes more disastrous than those of actual hostilities. Whole nations suffer from mental paralysis. Even the leaders are not immune from the consequences of cold war. By no stretch of imagination could it be termed an accident that during both the first and the second world wars occurred the physical or mental collapse of leaders of major nations who participated therein. None of the leaders, including those of victorious nations, could survive at the helm, without breakdown, for more than seven years. Roosevelt collapsed soon, Churchill was dethroned as the nation considered him unable to mentally face post-war problems. It is suggestive to note that second rank leadership also falls a prey to

"cold war" disease—which under the psychological conception of disease falls under the category of stress diseases. The Secretary for State, U.S.A., Dean Acheson was a victim of ulcers. President Eisenhower has been many a time a victim of illness to which stress certainly contributed substantially. Attlee suffers from ulcers and Molotov from insomnia.

The world is worried enough and sick because of the thought of still another war. Deducting the propaganda content thereof, when the Russian author Mr. Oleshchuk that Russians, far from wanting it, detest war, it does contain a grain of truth. When he pleads that Soviet people as people have the ' same ' worries, joys and sorrows as the people in other countries and that they do not want war, the pleading certainly echoes a part of genuine hate even for cold war.

(4) **Criminals :** Social leaders have time and again pointed out that crime is a social disease. Dr. Carrel helplessly says, "Organic diseases are considered dangerous, and not those which bring on corruption, criminality and insanity." Waddington has very sug gestively observed, "If a man hits a baby on the head with a hammer, we prosecute him for cruelty or murder; but if he sells dirty milk and infant sickness and death rate goes up, we merely fine him for contravening the health laws." Obviously, we should say that the murderer suffers from diseased mental state, but numberless mental defectives outside jails also fall under the category of criminals. The minimum that we can and should do is to classify the criminals in jails as mentally sick patients.

(5) **Victims of atomic radiation :** The main porpose of mentioning this group is to draw pointed attention to a grave omission on the part of nations who publish

statistics showing the disease reduction and reduction of epidemics. Is it fair to believe that radiation sickness is any the less bad than fever, ulcer or rheumatic pain? Let it suffice to give a single quotation from one out of many authorities. "The human body, as we have already seen, may be damaged by heat and ultra-violet light. Radiation of this kind is of long wave-length and low penetrating power. But the body may also be exposed to the much more dangerous so-called ionizing type of radiation. This includes X-rays and the gamma-rays of radium, both of short length and great penetrating power; also alpha, beta, and neutron radiation produced naturally and continuously in the spontaneous disintegration of radio-active elements and artificially in the cyclotron and all atomic explosions. These all lead to profound changes in the human body."

(6) Externees from native places : The agony that such people suffer before long ceases to remain merely mental. A mental agony possesses a vast potential strength to turn the healthy physical structure into one corroded by a decaying process. "Napoleon would have lived more on the land of beloved France, even if hygienic conditions were worst and the jailor more unsympathetic," says a critic. The large exodus of displaced persons floating in alien parts is not only mentally suffering but physical torture is also a consequence.

(7) Individuals inflamed by concepts of race superiority : The disease of race-superiority can stand comparison with any other ill-famed disease whatsoever. Self-destruction proceeds rapidly enough in the ailment. Prof. Gunther, a German philosopher of fascism, was very proud of Nordic strain. Gardner rejoins, "Unfortunately, the virtues of Nordic are causing decline. For example, he is brave, hence more likely to become a soldier and get killed." This dictum applies not only to German's, but also to every situtaion where race superiority is manifested in any form whatsoever. America, South Africa, Australia, a part of Asia and Europe-no part of the world has remained free from this disease at all, though its manifiestation may take place under different garbs.

(8) Individuals inflamed by a feeling of religious superiority : Israel, West Asia Countries, India, Pakistan, are but the glaring instances, while the number of victims-who are spread all over the world-of this disease run into millions.

(9) Very high birth rate : This disease accentuates the food problem already intensely acute. Scientists observe that the conquest of infection remains second only to feeding people, which is the main objective of this century.

(10) Very low birth rate :

The demographic cycle, as it is called, has five phases and France for a long period remained in the fifth phase, namely low birth rate, even though death rate remained for a number of decades and still France continues to labour under its yoke.

Some scientists show inclination to subscribe to the view that some of these groups are better classified under the heading "state of mental uneasiness" rather than as "sick" groups. But except groups number 4 and 10, any of the above groups will equal any grave misery-causing disease. Nations who publicize the statistics of their bettering health while ignoring victims of the above mentioned groups, deceive themselves and none else, if we stick to the true definition of disease. In modern medicine, the conviction has gained ground that very often in the case of a sufferer from greater shock, his minor shock and pain or disease is absorbed. Scrutiny properly carried out indicates most of the above groups as being victims of disease—though one may differ as to the degree. What further proof-positive need be desired to conclusively show that they already suffer from a condition of disease?

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CHAPTER 13

Location of Disease

When interrogated as to the place of disease, any common person stoutly afiirms: certainly the body. For, the belief is deep-rooted; for a protracted period, he has been conditioned to believe so. Furthermore. he is taught to believe that bacteria are the main cause of infection. We have contradicted this view earlier. We now proceed to examine from a different angle the same wrong notions.

(1) **Infectious diseases :** If the view that the origin of infection is bacteria were true, then there appears no valid reason why large numbers remain unaffected in epidemics. It is very pertinent to note that even when epidemics like influenza spread because of air-borne virus, a large percentage of the population remains totally unaffected. In Europe of pre-vaccination days, not even nine per cent was the toll small-pox took. This forms a decisive argument proving that bacteria alone cannot he a sole cause of disease. A

famous bacteriologist has shown how the same germ can cause different diseases.

(2) **Constitution :** If it be assumed that the disease affects the weaklings, we find them surviving where the apparently healthy succumb only too easily. Cromwell was quite healthy to die of malaria and certainly not very weak, if weakness alone was the factor that caused death. Possibly King James I also died of malaria.

By a different path, we again arrive at the same conclusion, that cause of disease neither lies in the bacteria nor in the constitutional factor. It apparently looks more or less a personal equation, inter-relation between a constitution and bacteria.

It is a commonplace attitude to emphasise and assert that under any circumstances the place of disease should be the body, the physique of the person. Everybody takes this for granted. Superficially this has the appearance of an indisputable premise, while the deeper study of the problem detracts away so much from the certainty of the assertion. According to many, including some respected doctors, disease on body surface forms merely a visible expression of the afflicted mind. Dr. Haggard, a friend of modern medicine, has put forth excellent elaborations on this point as will be detailed later in this chapter. We can furnish a number of authorities who support this view.

The force of mind that plays a role during the state of disease makes itself clearly revealed in many instances. When faith persuades mind, the disease disappears. Faith-cure has been practised, though under different names from days of magic man. Ancients designated it magic cure, mystic cure, divine cure. Then the term psychological cure—under various forms—became immensely popular. So-called scientific medical practitioners of today, also hold though indirectly that patients get cured because of faith. The change lies in this: a practitioner acts in substitution for the poor priest. When Dr. Kenneth Walker, while defending the medical profession, argues that a doctor acts justifiably in prescribing inefficacious medicines because the patient demands some medicine, then unquestionably a bottle of medicine has been substituted for a magic-stone. Therefore, even a senior medical authority is constrained to write in a medical history ...."Aside from a small number of drugs which are indispensable to modern medicine, medicaments applied internally and the holy relics applied externally have the same action, and relics are both more effective psychologically and safer toxicologically". Analysis will vindicate the view that from age-old times man has lived and has been cured on faith. This analysis reveals, then, why mind must necessarily be the fundamental basis of disease as well as cure.

But what constitutes mind? Is it merely a function of the brain? Are limitations of brain created by mind?

Mind, according to us, is the energy that persists in Our life. (Whether this energy is "matter" is subjected to analysis in my separate treatise **Marx Proves Rebirth**). A still-born child apparently possesses the same features, physique and constitution as a living child. What then is lacking? Certainly the energy. Though eyelids and iris are present, they remain unmoved, the brightness of iris imparted to it by that energy is absent. Take the reverse illustration. A man lives for fifty years. One morning, his heart refuses to function. If mere presence of material factors sufficed for life, why then, inspite of all components of body being present precisely where they should be, should we call him dead? On post-mortem table, observation records show that the patient who died of an inter-current disease and one who died after committing suicide, both possess a normal brain. The brain looks normal not only to the naked eye, but under microscope as well. All that the dead body of a person lacks, is the energy that saved the person fifty years back from being still-born. This energy created his physical limitations, which consequently controlled his brain. We feel that mind, energy, nature—all are identical, obviously because energy or mind is not located in a particular place in body as brain is, but through every part of body permeates an energy called mind. Dr. Kenneth Walker, the famous surgeon, is splendidly original when he describes origin of life. He says that original energy must have been supplied from "energy-granules" coming from the sun. Leaving apart any classification of this at our stage of discussion, none dare deny that a mere mechanical body or brain cannot produce life. An interesting comparison between human brain and mechanical brain has been made in a Lister Oration by the eminent neurological surgeon, Geoffrey Jefferson. A modern mechanical brain works on as many as 20,000 valves, but calculations indicate that if a valve corresponds functionally to a nerve cell, 10,000 million valves would be needed to produce a mechanical brain comparable to human brain. All the electricity generated by Niagara Falls will be necessary to run them. This reveals the immensity of the intrinsically great energy working in a living man and which cannot be explained by merely attributing it to brain.

We therefore conclude :

(1) Brain does not solely represent mind, it practically reflects mind perhaps as all parts of body mechanically do.

(2) Brain might depend upon matter that builds body as a whole, but that body depends on individual life-giving energy. This energy is the same as mind, for the simple reason that the purpose of mind and energy in present context as understood to-day remains identical, i.e., to shape the individual.

(3) If mind was a function of brain, all intelligent persons would have been strong-minded or healthy. Mostly the converse seems true and in any case no sane person equates conjecture with certainty.

(4) Mind shapes body, consequently the brain, and keeps it healthy, till the purpose of a particular life comes to an end. (Mind's shaping of body may be choosing a suitable body at a particular stage).

(5) Only the equivalence of mind and life-force explains satisfactorily, in 90 per cent of diseases, as doctors themselves admit, the causation or elimination of disease.

(6) When body of a man, which lives for fifty years, starts decaying and decomposing, a doctor succeeds in preventing the decay and the decomposition hardly for fifty hours. Then who protected the man for fifty years from occasional diseases that trouble him from taking his toll? The energy of mind kept the decay away for fifty years. When Nature abrogated the charter of energy the decay could not be arrested by a doctor who boasts all through the man's life that he kept the patient safe.

(7) Prof. Tyndall stretched the mechanical view of mind too far when he claimed that the brain, as it were, secretes the mind, as the liver secretes bile. This learned professor holds thought to be a mere mechanical process. Were brain, when stimulated, to secrete thoughts so mechanically and automatically it would lead to chaos. A robber would then remain immune from punishment for looting a banker, as the cause of the stimulation rests with the money of the banker himself. Another point still. If the process strictly obeys laws of mechanics, the banker would have stimulated numberless robbers instead of hardly one or two during his life time.

(8) Mind has been therefore undeniably admitted as an essential absolute distinct from body, by most of the thinkers and scientists, though both the components continue an undistinguishable whole throughout life. Superiority of mind in that sense receives firm recognition in all countries, like Russia and America, otherwise poles apart. If the view that mind or thought springs from the functioning of the brain were true, scientists would have rushed to set right brain instead of mind.

I may add here that mind or thought according to Russian scientists is merely a product of brain. This conception merely distinguishes the mental powers as "developed powers of matter or body". As I have indicated, the subject is dealt with in a different volume by me. Suffice it to say that mental faculties are admittedly distinctive, call them "developed matter" or "mind", whatever you choose. I am using the term "mind" since it is current in practice.

For maintaining the limits of this discussion, I am compelled to withold the publication in this place of my own findings on problems of mind. Yet what emerges from the discussion serves for the present. The mind stands supreme. Mind causes life as well as death. Hence a great medical authority wondered whether the shock of Napoleon's victory at Austerlitz killed Pitt rather than any disease.

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CHAPTER 14

Visible Expressions of Mind

Our mind eludes observation even under a powerful microscope, but one needs not even an ordinary microscope, for observing individual expressions of mind. Every moment, the mind of a person expresses itself through his emotions. Even a blind man can visualize the mind of the person standing opposite and draw conclusions as regards the swaying of his mind by anger, just from his penetrating words. A deaf person merely glances at his neighbour and that one look enables him to see reflected in his eyes, his greed. By only scanning a letter, one knows the dominating emotion reflected, though one has never seen the author. The dominance of given emotions change with time, yet the fact remains that a man cannot remain without an emotion. An individual rests in chair and the face for all outward appearance might be calm, while emotionally he might be meeting his love, a thousand miles away.

Six major emotions cause outward expression of mind:

(1) Envy.
(2) Greed.
(3) Ego.

(4) Anger.
(5) Sex.
(6) Affection.

One may be permitted to add to or to subtract from this list. For instance, one may insist on including fear, pity or bravery; another may show an inclination to exclude envy which he considers a subsidiary emotion. Personally, I have expressed in my work on psychology that pity and bravery reveal two diverse expressions of ego depending on the personality concerned. Yet, for the present purpose our main emphasis lies on the aspect of the expression of mind and the possible variation of the details hardly matters. The patent fact remains that there exists no moment of conscious life when the stress of some emotion or the other sways us not. We cannot conceive a moment devoid of thought and thoughts run only parallel to emotions. It, therefore, needs no further clarification that during every conscious moment some emotion or the other dominates us.

At this stage a reader may question us: If we have given such role to mind, why the dormant state of emotions while the body is under anesthesia? ? The question proves our case and not the questioner's. One, that in such a state mind-energy continues to function and it preserves life in the body. The other, that we deny the equivalence of emotions and mind. Essentially we claim: "Six major emotions cause outward expression of mind." Deliberation on true and full components of mind falls outside the scope of our present purpose. This forms part of my other work, that on psychology.

Chemically our body changes every day. To be more accurate, as Donald Cooley expresses it authentically in **The Science Book of Wonder Drugs** : "Biochemically, your body is never exactly the same from one split second to another." What remains common to a man throughout his life is the individual mode that prevails with regard to proportion of emotions that go to make his mind, till mind itself in its natural process plans to change it. The laws governing changes of emotional set-up by the mind itself is not relevant at this stage, inasmuch as we have accepted the infeasibility of a conscious life without some emotion or the other. The supremacy or otherwise of one emotion over the others, and their relative effective force differs from case to case. The difference in emotional set-up constitutes a person's individuality. Therefore, given the same set of circumstances various persons act differently. For those who like to rely on animal experiments, demonstrations by Selye prove our contention. A group of rats was subjected to stress and to emotional disturbances, when each individual rat of the group showed different reactions indicated in the form of diseases contracted.

Every disease, therefore, rests on some emotional basis, immediate or distant. Child-disease may confound the reader, who believes that a one-day old child possesses no emotions. Careful observation reveals that the sentiments of a child after a second of his birth, show the same quality of emotions whereas quantity no doubt differs. When the child acquires the capacity of speech and is ripe for education, one understands his mind better, yet the conclusion of emotional vacuum before he acquires speech and education would be definitely invalid. If speech and knowledge were absolute factors for judging existence of emotions, then on this basis, one would be constrained to say, an uneducated grown-up, dumb, blind and mute, possesses neither emotions nor mind.

The link between emotions and disease is known to doctors. They do know that blood pressure is connected with anger and their only difficulty seems to be that every angry person does not get sick! Firstly, sickness should be attributed to a specific proportion-of other emotions in the person concerned. Secondly, a disorder in body does not spring up spontaneously. Nature gives a man a long rope before the person is finally hanged or intermittently disabled by any disease. These factors render the task of demarcating every jerk developing into a visible disease impracticable, though every emotion must be marking an ascending line on the graph of our physical condition. Unfortunately an attack of disease remains latent till it assumes proportion of big red lined disease, on the graph paper of our body. Dr. Franz Alexander says, "All our emotions we express through physiological changes: fear, by palpitation of the heart; anger, by increased heart activity, elevation of blood pressure, and changes in carbohydrate metabolism; despair, by a deep inspiration and expiration called sighing. All these physiological phenomena are the results of complex muscular interactions under the influence of nervous impulses, carried to the expressive muscles of the face and to the diaphragm in laughter, to the lacrimal glands in weeping, to the heart in fear, and to the adrenal glands and to the vascular system in rage. The nervous impulses arise in certain emotional situations which in turn originate from our interaction with other people. The originating psychological situations can be understood only in terms of psychology—as total responses of the organism to its environment.

The American Academy of Dental Medicine received a contribution in the form of a paper on emotional basis of tooth-decay. Various authorities have established a relation between an emotion and a specific physical change, that ultimately assumes, after considerable time the dimensions of a disease: For instance, anger modifies the cutaneous circulations. It causes flushing of the face, contraction-or dilation-of the pupil, protection of eye, discharge of adrenalin into circulation interruption of the gastric secretions etc.

Dr. Kenneth Walker shows that not only our expressed but also our unexpressed emotion create disorder in our body for instance, in suppression of anger adrenalin and sugar get poured into the blood stream.

Therefore it would be an absurdity to suppose that every emotion turns into visible disease. It is equally illogical, on the other hand, to suppose that disease when visible should be linked with an immediately preceding cause. Hitler could easily swallow Austria and Czechoslovakia. So an isolated act of attacking Poland could not have commenced the Second World War. Blitzcreig on Poland may have been paradoned to Hitler if it was first. To link up a crude, a superficial cause effect relation brings no credit to a twentieth century intellect.

The effect of emotion determines where the man stands and the direction in which he tends to progress. We have replied elaborately to one who may talk of a broken leg as a disease. One may yet insist on a visible connection between the broken leg and an emotion. We will point out to him that a broken leg must have relation with past emotion-though appaently unknown. To quote one instace of known emotion, a soldier volunteers to have his own leg broken as on warfield. What do we talk of disease and broken legs? The emotions accelerate men eager to accept death of which they are otherwise so much afraid. **To illustrate:** The Charge of the Light Brigade in history, where a full company of soldiers emotionally marched to death when death loomed large before their own eyes, testifies to our view. The firm belief in the strength of the emotions made Frederick the Great gallop up to his retreating forces and shout, "Scoundrels, would you live for ever? Advance against the enemy." Frederic touched the ego and achieved success.

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CHAPTER 15

Emotions and the Individual

At this stage, a retrospective glance serves a useful purpose. To recapitulate the conclusions of the previous chapters:

(1) Medical practitioners know that their respective pathies give no answer with regard to fundamental problems of disease, nutrition, protection. Masters of medicine admit it. Evidence endorses it.

(2) In practice, the practitioners treat all ailments and proceed to cure all diseases. May be they really lack knowledge of disease in its proper perspective, may be they ignore it for personal benefit, or may be the dominance of ego leads them to act as they do.

(3) Every pathy contains partial truth to a more or less degree. Yet the claim of perfection and infallibility in respect of any pathy is obviously unsustainable.

(4) Disease cannot be cured unless "mind" is properly treated. All present media of treatment, including psychotherapy, commit the common mistake of "standardising" their way of analysis or treatment. We must isolate the H.C.F. (highest common factor) of cause and cure of disease.

(5) Joint consideration of body and mind alone leads to correct diagnosis. But mind controls body. Even the doctors subscribe to the view that ninety percent of diseases originate from mind.

(6) However debatable the nature of mind, for our purpose by concentrating on "visible expressions of mind," we reach a sufficiently good starting point. Visible expressions of mind are emotions, primarily six.

(7) Emotions reign supreme, not for a moment can we remain conscious without emotions.

If consciousness evolves primarily from emotions, our problem reduces to a more simple level. As everyone knows, a soldier, a patriot invites death. A religious leader like Saint Peter sacrifices himself, in face of tortures, voluntarily for the faith and emotions within himself. Oblivious of his body, he considers it insignificant compared to his emotions. Everyone, as it were, says that he could live without body, but never without his cherished emotions. How interesting to note that when a coward flees to save himself from some imminent danger, his individuality bursts with emotion of fear and therein he ignores his body. Often the hearts of such persons stop and they kill themselves. Apparently a height of paradox of life, that this individual so attached to his body, obliviously kills the body itself by emotions. Considering the case of a brave person and a coward, a superficial analysis would lead one to conclude that each one kills himself with diametrically opposite emotion. But in both cases the fundamental cause is just the same: Man remains under the sway of his emotions till a breath of life remains and he considers his bodily existence altogether inferior.

Thus we arrive at the H.C.F. (highest common factor) of human race. The Mongolian race certainly differs from the Nordic race in appearance, colour, height, weight and other material factors but, barring environmental general trends, the same emotional trends amongst two races will surely be discovered. In the heart of Africa, you may hardly find a white Negro, but you certainly come across the emotional set-up of people at fifty-second street of New York. We hug to the wrong notion that education basically changes emotional set-up. Even time fails to teach human race in that sense. The driving emotion of a speculator of today is the same—greed—as that of his predecessor who joined theAlaska Gold rush in 1880. Technical knowledge apart, space travellers of today differ emotionally in no way from Columbus who fought his way with unimaginable zeal toAmerica. Emotions are primary instincts, whether the individual is a child or century-old, a weakling or a champion, poor or rich, a primitive or a modern man. Ignorant and rich behave as they do, because of identical cravings of sex, ego, greed, anger, affection and envy. Wherein, then, lie individual differences? Emphatically in the difference of proportion of emotions, nature of constituents remaining the same.

It can be argued that body has also certain common factors, and differences in personality arise out of bodily differences. This constitutes a solid argument. The difficulty that confronts one in practice turns out to be that common factors of body could not be found for last two thousand and five hundred years. Body-groups in relation to treatment could never be clsssified in set standards in the past. It is easier to treat and cure a man through his emotions than through his physique. Applying pure arithmetic, basic elements involving construction of body are one Hundred and two, while the number of emotions that constitute the body can never exceed ten. Theorectically, supposing for a moment that present day medicine and its approach does succeed in finding necessary drugs for cure of all diseases in the course of the coming few centries, it can be compared with a Frenchman moving on foot on east-ward march will destination London. Since the world is round the Frenchman may reach his destination sometime in his life, provided again that he bears in mind considerations of longitude and latitude. Practically, the Frenchman's does not seem to be a common acceptable alternative. No man evinces preparedness to suffer his pain merely in the hope that his hundredth generation will not suffer a like pain. Those who belive that perfection in medicine is now within easy reach of modern science, have been administered a warning by protagonists of modern medicine themselves. The least time they ask of you is only a century or two and allowing a "fair" margin, it is a matter of merely "several" hundred years. The editor of Your **Health magazine** says, "Thousands of wonder-drugs of tommorrow are waiting to be discovered. The numbers of possible drugs literally run into millions and task of screening them by hit-or-miss method would keep thousands- of chemists busy for several hundred years."

Gentlemen, to get rid of your pain are you prepared to wait for several hundred years believing that this limit too may not remain unextended? We already know that Pasteur, no doubt a well-interntioned scientist, dreamt that mankind will soon get rid of every disease when the respective germ responsible for each was isolated. After seventy years, bacteria have remained a growingly complex enigma, at least on no account can we say that we are out of the wood. Are we then to wait for a few centuries, in the hope that the period will not be extended for another few centuries?

The wiser course might be to carry out intensive search for a short cut, and if it does not turn out to a a short cut, necessarily be found, at any rate, to be a shorter cut and at least an alternative worth giving a trial. We can endveaour our way for a few centuries till modern medicine hunts for its philosopher's stone.

If disease, then, is to be treated at individual level, and if emotions have been proved to be a part and parcel of even conscious person leading him to disease, we better treat the emotions. Certainly better to treat disease by catching it at its root.

"Disease is a personal event. It consits of the individual himself. There are as many different diseases as patients," says Dr. Alexis Carrel. We endorse this whole-heartedly. Each individual would certainly differ from the others in prevalence of ratio or combination of various emotions, but identification of his conscious life (every moment when he is conscious) with emotion remains an unalterable fact. Neglecting the proportions, if we manage to eliminate emotions in whatever degree, we eliminate disease. To quote Dr.Carrel again, "Death is the price he (man) has to pay for his brain and his personality." The personality undoubtedly manifests itself through emotions. Humanity has to learn to conquer emotions for eliminating disease.

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CHAPTER 16

Purpose of Pain and Disease

Before we enter into a discussion of the question pertaining to treatment of disease in a new way, we need to check up an important aspect of disease, namely pain, which, so far, has not been dealt exhaustively. Broadly speaking, we concluded that identification of pain with disease was wrong. The study of nature of pain is essential for throwing more light on purpose of disease. We now proceed to study the problem of pain.

Most of the physical diseases are associated with pain, or they bring pain in their train. As discussed earlier, a black spot on nose induces one to invite pain by plastic surgery. It leaves no choice when the disease and the pain appear concomitantly in ordinary course. We must suffer. Why at all, should pain follow disease? A man who has his leg cut in an accident will bear loss of leg more patiently if the pangs of pain withhold playing their awesome role. A fever and giddiness will be tolerable without a headache. Extraction of a damaged tooth becomes readily acceptable if it involves no pain. Why has nature set pain to play its role, over and above the disadvantage a man suffers in losing his feet in an accident, his weight during a bout of fever and his tooth when decayed?

Let us understand the mechanism of pain. The nerve-endings through which pain impulses dash their entry into the central nervous system lie scattered widely throughout the body. In particular, having entered the central nervous system through the terminals and pain fibres, pain impulses move along special tracts within the spinal cord to arrive at their destination in the thalami, the two great masses of grey matter that lie the base of the brain. Association fibres then relay pain sensations to the sensory areas of the cerebral cortex and thence the pain messages become more conscious.

The complicated system of distribution of pain impulse is neatly to be understood through knowing the unit nature of the whole body. If a finger suffers, restlessness results, for the whole body and not the hand alone; attracked by toothache, other parts of the body become restless. The phenomenon of pain turns out as important in this light. It focuses the entire attention of the person when pain pricks. Of course, reactions to the same amount of pain may differ from person to person. It may be difference in sensibility of nerves conveying pain or the difference may be due to degree of control exercised over the thalamus by cerebral cortex. Whatever the scientific explanation, the fact remains that pain varies from individual to individual Marais conducted experiments to measure pain and so did Hington, a famous surgeon. The details may be left out. It may lead us no further since the basic fact is unchangeable that pain, subject to pesonal variation, is the prime factor which converts the whole man into a "patient"-subject to pestering pain.

Back to the question of purpose of pain and our complaint with regard to pain-existence in disease, the facie purpose of pain looks to be that of warning the patient. If the disease overpowers without pain a large number of human lives would be sacrificed. Pain plays the role of a preliminary warning for alerting the patient.

A second purpose of exasperating pain is to punish the person for his wrong. If you overeat, it may result in diarrhoea, if you undereat, it may develop anaemia both, of course, depending also on other factors. Mostly in such cases the results can be correlated with cause. Since cause and effect is absolute law of nature, all diseases must be the result of related causes or defaults you have committed, though you may not directly be able to link one with the other. Keats believed that suffering helps man's spiritual development; he said, "Do you not see how necessary a World of Pains and Troubles is to school an Intelligence and make it a Soul?" Dr. Walker feels embarrassed to endorse such views when he held that Gerald Heard's contention with regard to purpose of pain was to contribute energy required for spiritual development. However, when forced to record his opinion, he had no go but to say, "Yes, life's play acting has started again and again and here we are strutting about and talking much as we did before, but perhaps with a little less assurance and belief in the truth of what we are saying. It may be that we shall recall now and then those few minutes we spent, behind the painted scenery of life, facing the eternal, and if this be granted us, then we shall not have suffered in vain."

We find no difference between Keats's opinion and what Dr. Walker feels except perhaps substitution of phrases. Both concur that we learn something from pain and disease. But which component of the body can learn? Brain, as admitted by all materialists, is merely a sum total of given developed form of matter. Physical components have nothing to learn by themselves. Consider the fracture of the bone of a hand. What can the bone learn? What can a piece of calcium mixed with other ingredients learn? Bottles of salts poured in our body by Nature have nothing to learn. Acids in human body possess no ego to feel about being in human body instead of a porcelain bottle. Obviously, mind has to learn. Origin of mind from matter has long been discarded. To quote Dr. Kennedy-Clerk, "One way out of this dilemma is materialism, that is to say the point of view which maintains that consciousness and mind are the result of the behaviour of matter. According to this view, not to be confused with agnosticism (just not knowing), the mind must cease with the death of the body. All human conduct is purely reflex and predictable, rendering the concept of free will meaningless, and reducing all human behaviour to the dead level of determinism. But materialism cuts little ice today. For physical research has revealed that modern matter, instead of being the good sound solid stuff which the scientists of the last century confidently supposed, consists of protons, neutrons and electrons as far apart among themselves as the planets and the sun, and containing a vast store of hitherto completely unsuspected energy firmly locked up inside it. Further, it is clear that material things do not possess sensory qualities, colour, taste, smell, etc., in 'their own right'. Rather these are added to the otherwise drab purely physical world when it collides with the sensory machinery, also made of protons and electrons, of the human nervous system. Alter his sensory machinery and the world is different to the man. The colour-blind see it drab, and to the deaf the noisy city is as silent as the grave. Modern matter has become as inexplicable as the mind which it was intended to explain!"

So, not a piece of bone but mental energy in ourselves demands training. Therefore, most scientifically we arrive at the identical conclusion that training the mind in disease alone is legitimate procedure. It amounts to the same thing, train emotions as visible expressions of mind. Nature's intention stands out abundantly clear. Every individuality is created by Nature to see how it reacts, given a particular combination of emotions. The scope of this volume does not allow us further elaborations, yet we may venture the guess that the august experiment of Nature tends towards shaping the man towards perfection. We dare not and cannot dispute Nature. We need understand her laws to enable us to adjust our lives accordingly and so the discussion stops short of further digressions. Our approach solves the problem of the purpose of pain and disease. We envisage them, therefore, as necessary, to teach our mind through its visible expression, emotions. We have already admitted that a direct link between a disease and a particular emotion outwits our understanding for the simple reason that it depends upon ratio of that emotion to other emotions, which separates his personality from others. The same disease springs from different causes, a fact on which doctors fumble and their reason flounders. Happiness descends on us concomitantly with knowledge that disease and emotions have a causal relationship, and that conditioning to emotions can yield desired results. Irrespective of its category, the emotion should be neutralised. Consequently, irrespective of its classification the ailment will meet its solace.

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CHAPTER 17

Cure the Individual

Leaving an ambitious plan of partitioning human race in large groups as various medical schools attempt, we offer a modest design. Treat the individual. Find out the H.C.F. of human ailment and treat the same. Eventually, all that we do ends in treating the emotions. The difficulties forced on us during treatment of "material physique" vanish when dealing with "emotions". Every individual's emotions constitute his personality, in expressible terms. Emotions are apparently a pride of each personality manifested in a peculiar way. But like a pendulum swing their movement on one side gives pleasure, while we are not aware of its reciprocal swing on the other side, which we call discomfort. Alerting a patient of this rcciprocity starts the beginning of treatment. The full treatment receives the name "Recipropathy" consequent to this. Reduction of emotional outbreaks, in other words, "equalisation of the emotions", paves the way to elimination of discomfort. The individual himself, thus, controls the treatment and the work of a practitioner of recipropathy consists in compelling the energy to work, to enfuse the confidence in the patient of his own dynamic power.

An individual exercises the primary care to keep away from emotions. It is a wrong notion that wrenching emotions alone affect us. We proceed to enumerate some points that link emotion and disease.

(1) In disease, the rhythm of heart beats differs from those in normal condition—an uncontroversially accepted and well-known fact.

(2) So, in general when the heart beats differ in ratio from normal, that reflects a condition of disease. In any emotional state this ratio differs and therefore under the conditions of emotions, we are under conditions similar to those of disease.

(3) Emotion, irrespective of its variety, brings such "condition of disease". A person may die of shock arising from a million dollar loss and he may die of shock when he earns a million suddenly. Emotion of any kind brings upon us the condition of disease, though the measure may vary.

(4) According to me fear is a subsidiary emotion. Or, it can be described as a visible expression of various emotions. Fear can be an outcome of sex emotions when your love-matter hangs by a thread, fear may result from ego when you assume an aggressive role in a conflict, fear may as well present itself on the scene due to greed of a person trading in a share market. Under all conditions of a frightened mood, heart beat rhythm changes, many a time sugar is excreted into bloodstream, adrenal glands become active, pouring their secretions into veins.

(5) In my own experiments, I have studied a few hundred cases where pulse of various persons was examined when the patient was under the influence of a given emotion. The experiments proved that pulse beats differed, but not a single individual remained unaffected and with normal pulse beat. It is therefore quite reasonable and logical in view of findings under the preceding and this clause to connect emotion with disease, while it is conceded that a disease being a terminus of a repeated emotional chain action, its direct origin to particular emotion is untraceable. Neither do I think

it necessary. Enough has been said in Chapters 13 and 14 in this connection.

(6) Father of modern medicine, Hippocrates, says, "Some say that we think with the heart and that this is the part which is grieved and experiences care. But it is not so; only it contracts like a diaphragm, and still more so for the same causes. For veins from all parts of the body run to it, and it has valves, so as to perceive if any pain or pleasurable emotion befall the man. For when grieved the body necessarily shudders, and is contracted, and from excessive joy it is affected in like manner."

(7) It is easier to treat disease or a person at emotional level. Reduce emotion, equalise emotions.

What do we mean by equalisation of emotions ? Should we have no emotion, no sexual desire, no anger, no ego, no greed? These hasty interrogations have to be met firmly with a negative reply. A common assertion that follows exposition puts it thus. No life can be enjoyable without an emotion. None can help it. Nature has basic laws of which "reap as you sow" (reciprocal returns) is one of the most important one. If you move the pendulum of Nature and enjoy a swing on a chosen side, you have to go to the opposite side.

Patients usually hasten to ask a few more questions such as :

(a) How to bring about equalisation of emotions? The answer: Adhere to truth.

(b) Will latitude, for some minimum period, be granted till we acquire habit of truth? Answer: Start immediately, unless at the risk of further agony.

(c) Any effective way with regard to escaping consequences of our past untruths? Answer: You have to suffer.

(d) If suffering for past untruths remains our fate, why at all adopt this method ? Answer: Because looked at any way, no shorter cut exists as we have logically proved. Every other method ensures multiplication of agony. As Dr.Carrel says present methods do not master diseases, they change them. If we suppress disease to-day, further long suffering awaits us later.

(e) Is there no change in the conditions of our pain at all by this method? Answer: Yes, allowed by the corollaries of "coincidence cure" and "realisation relief", reduction of pain follows as stated and discussed in the next chapter.

(f) Indicate a practical starting point. Answer: Understand the entire logic propounded by us. Bring your emotional set-up in line with conception of pure truth. Affection may not immediately be given up, but when your son acts wrongly against your neighbour s son, let your sense of justice reign over affection. Greed may be curtailed within the framework of true morals.

One may ask to be given the true interpretations of moral values and definition of truth. Truth cannot be and need not be defined absolutely. Every one knows and feels what truth is. Allow me a diversion to introduce an anecdote. In a case before a court, compromise talks were going on. Parties were asked to go out and see if they could settle the dispute. Both the parties asked for time, went out of the court along with pleaders, whereupon one lawyer blurted out, "Let us all talk truth, now that we are not in court." All around accepted the proposal as a natural expression, in court at any rate truth was not to be uttered!

I plead before the readers that definition of truth should not be a debatable point. Philosophers of all shades including materialists have admitted value of truth at its individual level.

Yet some circumstances do compel an explanation. Imagine a person offering testimony with regard to what he considers a 'fact', yet the so-called fact is not a fact. He may avail himself of the first opportunity to correct himself as soon as he realises his error. In other words he had no intention of cheating, no emotion played a role at the time of making the statement in question. Under these circumstances the person has adhered to truth. As a practical and subjective test that mental state would be considered reflecting truth when thoughts expressed allow equalisation of emotions, i.e., when rhythm of body, pulse, heart beat etc. do not change in relation to past, present and future. "Truth gives no emotional unbalance," could be considered as the shortest description of truth. Let us refrain from any further discussion on measure of such unbalance. As a practical rule, a patient asserting that he has never told untruth should best be ignored.

* * *

CHAPTER 18

Nature and Recipropathy

If we change the attitude towards disease, disease ceases to be our ailment. The best way for changing the attitude is to defend disease instead of yearning ceaselessly for cure. If we convince ourselves that disease itself is a curing process, our aim is achieved. It is necessary and essential for us to learn:

(a) The responsibility for our ailment rests on none except ourselves.

(b) Disease is, in a sense, punishment by instalments to us. It is a protection from our being punished cumulatively at one time, for our daily emotional out bursts.

(c) Disease is therefore a curing process.

(d) Disease is strictly a consequence of Nature's law, that of cause and effect. Disease cannot be termed as cause of any future effect by any logic. Essentially the "effect" of disease is "caused" by personal excesses. Excess implies emotional disorder.

Recipropathy presupposes that a natural law, that of cause and effect—reap as you sow—, governs every person: when successful we are prepared to believe in the truth of this law and are easily convinced thereof. Not only during successful periods, but all along, reciprocation of our own deeds persists. If we believe in this law in every phase of our life, we shall never feel the agony of disease. A person may ask why a particular susceptibility is given by Nature to him. I have answered this question in another volume of this series, that aspect of argument would be an encroachment here. To use the terms of scientists themselves, "The scientist, qua scientist, is quite right in replying that science is not concerned with ' why ' but with ' how ' ". So with strict scientific fervour, we can say, we do not know why Nature has created inequality amongst personalities in this universe. If life is accepted as is given by Nature, if we are to make the best of it, we must be in line with the law of Nature which says, good begets good and bad begets bad. The author of **Endocrine Man**, an unquestionable authority on medicine, writes, "Like begets like, and generally speaking, we vary round a standard which Nature tends to keep even." Admittedly, Nature functions diversely for purpose unknown to us, when she endows emotional set-up and again punishes for expressing those emotions. The scope of this particular volume does not allow us to go beyond the definite scientific framework set for it. Yet, the following approach to the problem resolves apparent difficulties:

Firstly : Nature has given emotional set-ups that differ from individual to individual. The reason remains an enigma.

Secondly : Leaving from our purview for the moment the "why" of this problem, our activity must be consonant with "known" laws of Nature.

So, when Nature has given greed to a person, he has either to overcome it and get rid of it or work hard under yoke of this greed ceaselessly only to get in the bargain disorders like blood pressure, heart diseases, diabetes and so on. From one point of view, a person develops his emotions till twenty years, uses them at their peak till forty and suffers for the same till sixty. All the sixty years, his span of life, the spell of emotion controls his activities. Throughout his life uneasy lies his head; it is a pity that awareness of it dawns on him merely in the declining part of his life.

Another important thing, Nature does not normally hang, a person for his sins. Punishment is not meted to a person to completely exhaust him. Nature intermittently warns man not to lose sight of the higher power in Nature watching him (call it "from within himself"). Infliction of calamity or disease are warning weapons of Nature. If a person realises this truth, then disease would be considered by him a friend, a reliever of his sin, his curer. Recipropathy, our method of cure teachcs a patient to change his point of view with regard to disease, wherein lies his cure. To illustrate concretely with a case. A glass pan of our window is found to be broken by a neighbour. We approach the neighbour with a stick. A quarrel is in the offing. We are boiling with anger, prepared to invite a disease of "broken leg" in the struggle. The neighbour, as you approach him, patiently proves that some stone from your house first broke his windowpan. You patiently come back to search your own house. "Search your own house" instead of getting irritated is the real phrase which provides the neat summing up of what would take away pain out of your disease. Take another instance. A person has slipped on the road and got his leg broken. Becoming bed-ridden, he feels the disease till physical agony continues. But instead, a slap from a scoundrel on the road would make him feel comparatively more irritated. In the latter case, he will file a suit, go in appeal and be anxious and tense for a protracted period. Even if his opponent receives punishment at the hands of the court, a rankling pinch of the insulting event throughout his life would be his legacy, which may contribute to an apparently unlinked ailment in future.

Recipropathy brings to light this link and asserts that you may not know every link in the chain, but your disease has a long causal relation with some ease disturbed in the past. It makes you conscious of the fundamental truth: you and you alone are the sole reason of the trouble. This knowledge itself acts as a sort of relief which may be termed "realisation relief". The relief is not objective. An ailing person cannot derive benefit from reciprópathy by saying, "Here is my repentance, give me my share of relief." True realisation is vastly different. A real realisation springs from the root and barters not in this way or in any other. On the other hand, a real realisation diminishes the sense of disease. If we teach ourselves to realise that disease is what we have to pay for our own emotional personality, mental grief will totally vanish and physical agony will be diminished to a tolerable extent. A sudden attack of disease irritates us; if we realise ourselves as having invited the disease, irritations will totally vanish and the complete consciousness that the pain is justified will still further reduce the extent of pain. Recipropathy calls this "realization relief". This method has cured hundreds of patients suffering diseases ranging from cold to cancer. Recipropathy, however, credits these cures mainly to the aspect of coincidence, discussed in the next chapter.

Modern sceptics may term this enumeration an exaggeration of moral problems; such an allegation merely reflects lack of thorough study of my writings.

If a child swallows poison, he must die," a sceptic says. He possesses no anwer to the query why one child should develop a "will" to touch the bottle while temptation does not touch the other child, playing by its side. Poison intrinsically has no "will" to kill the child. The child has taken it willingly. Because you do not understand the raison d'etre of that child's will, why insist on the postulate that it does not exist?

"Equalisation of emotions" through truth engenders supreme strength. If one consumes poison, he will try to move heaven and earth. He would never realise that Nature wanted him to take poison. A realisation contrary to this common complex resulted in Socrates emotionlessly drinking hemlock.

CHAPTER 19

Working of Recipropathy

Hundreds of patients have been cured by Recipropathy—the new method. Each patient was cured to the extent to which his personality allowed him to realise the truth that Nature favours nothing short of truth in connection with reciprocal returns. Some of the patients have been cured instantaneously. Once the patient absorbs the theory, all that I concentrate on bringing about is to elevate level of his own energy. Once shackles that tie him are removed and he transforms himself into a free man suffering no more from the false burden of imagined facts, the person searches within. For, it is a general truth that man exhausts himself too much when he struggles for happiness and ease without, instead of within.

Recipropathy works in the following manner:

(1) As stated in the last chapter, believe in Nature's laws such as cause and effect and law of reciprocal returns (reap as you sow) are the corner stones of the structure of Recipropathy theory.

(2) In the patient, when convinced that cause of his disease is he himself, realisation relief is enfused. Some patients obtain instantaneous relief.

(3) A guide or practitioner of Recipropathy after achieving these two objectives makes certain that emotional energy has reached a stable point. Then he endeavours to elevate the level of the energy.

(4) A practitioner of Recipropathy may or may not use any visible medium to develop the faith of the patient.

The significance of the medium does not extend beyond his leading the patient to the initially unconceivable goal of "equalisation of emotions".

(5) Any one who achieves success in "equalising emotions" must be successful in controlling his disease. Five minutes of concentration, say at 8 o'clock in the morning, is helpful at the initial stage. It is a mistaken belief that our thoughts always produce anything substantial and many times they merely contribute to developing ego. H. Berger has shown that it is possible to lead off tiny differences in potential, from human brain, even through skull and scalp. Delicate instruments exist to record these electrical changes as waves. Experiments point out that if a patient shuts his eyes, frequency of waves is ten per. second. They change the rhythm if eyes are opened, and in sleep they almost disappear. The first condition to be fulfilled is that we should consciously try to eliminate the electrical shocks we create leading to our own ultimate ill.

A rare opportunity came my way when I treated twin brothers. First I recorded their blood pressure. I found it to be 130. I recorded their blood pressure while under emotion, when their ego was touched, and anger was the expression, one brother showed blood pressure at 140 and the other 145. I treated the brother with higher blood pressure leaving his counterpart and found that after a month the blood pressure was 135 instead of 145 while his counterpart retained the same ratio, of 140 when under the spell of anger. Illustrative charts along with case histories are presented in my treatise **Death of Disease—Practice, or, Cure without Medicine** where those interested will find how "equalisation of emotions" actually can be attained. In the same volume, an elaborate and thorough discussion shows why Mary Eddy Baker's mode of cure, though apparently based on truth, succumbed.

The difference between all other methods and Recipropathy centres round one crucial point: The former suppress or divert the disease, while the latter diverts the patient himself. A story is told of the great Indian philosopher saint Ramkrishna Paramhauns. He suffered from cancer and when someone asked him why his spiritual powers effected no cure for him, his answer amounted to this: "I can cure myself. But the grief has come for some past wrongs of mine. Let it be finished once for all. Secondly, my belief in what I say gives me relief. Pangs of cancer do not hurt me as you imagine."

Recipropathy considers that pain serves a purpose. Some believers in God pray to God, "Kind Lord, relieve me of this pain or else give me at least power to suffer it." Can any prayer be more wonderful? God subjects you to pain not because he desires your mechanical prayer, else religious leaders who pray God ten times during the day should have no ailments. Pain is inflicted on you as punishment for past and a warning for future. If according to your prayer God gives you "strength to suffer the pain", I only wonder how God's purpose will be served in inflicting pain on you. Consequently all pathies and religious devotees are victims of the same intellectual error of not construing the purpose of disease in its proper perspective. Recipropathy subscribes not to your false notions of pain. It refuses to believe a person who speaks of "intolerable" pain, which is a self-contradictory term. A person with real intolerable pain will die of it or be unconscious. As the learned author of **Wonderfully Made** says "Fainting may be a necessary protection." Recipropathy holds that every stroke of pain must meet a welcome from you. Without fear you must welcome every pang as your reliever and you will not believe till you experience: You will undergo a dynamic change. 'Cure' would be your reward as we defined in an earlier chapter.

Significantly, a high percentage of my patients have felt an instantaneous relief. Yet I always call it a "coincidence cure". All pathies and miracle-cure experts feel that their media have relieved the sufferer. Recipropathy assumes that no pain or disease can be cured before the man undergoes that particular span of punishment which Nature enforced on him for his wrong actions. At the end of the span the sufferer coincidentally meets some representative of a "pathy" and obtains his cure. Poor man, without knowing the reason of his falling a prey to or why the cure occurred precisely at that juncture, he continues to commit emotional atrocities on himself.

Nature wants us to leave our ego of education, knowledge and capacities. We ignore Nature's signal. As the author of **Patients and Doctors,** who is himself a distinguished medical authority, says, "Sometime we may boast that we are conquering Nature, but Nature does not even fight: She is secure in her possession of us." Man should learn that he alone causes his own suffering. The lesson may persuade Nature to give you relief (which in fact is self-earned) in due course.

Every relief is coincidental and real relief lies in your conviction. The author of **Fads and Fallacies,** a defender of modern medicine, admits that "Many human ills, including some of the severest, will run their course and vanish without treatment of any sort." While the content of this statement is the criticism of various medical cults, it applies equally to coincidental cures in allopathy. Jenner found small-pox vaccination by chance, Pasteur found bases of "bacterial doctrine" while he was trying to preserve wine and working on chicken cholera, 606, the earlier pet medicine of doctors for syphilis, receives its name because of the 605 failures which the discoverer met, and penicillin, the latest mirage of modern medicine, was found by its discoverer merely by a chance. It was an accident that Fleming stopped spoilt cultures being washed away. Critics would question my statement that cures are coincidences. They better look to the history of medicine. One medicine results after six hundred and six attempts at synthesis. So the chance of success is sometimes less than $\frac{1}{606}$. The humorous side of the situation is that the medicine under reference also was slowly replaced. This can hardly be termed anything but coincidence.

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CHAPTER 20

Is Disease on the Decline?

Quite a few readers will evince helpless surprise when I link up disease with their own mind, morals and emotions. Causes of disease have been shifted from one item to another since ages. In the past, main causes suggested for diseases were:

(1) Evil spirit
(2) God
(3) Physical debility
(4) Mental set-up
(5) Bacteria

Innumerable other minor causes were also suggested including immorality, though in essence, its concept diffcrs from mine. The most popular among all is decidedly the bacteria theory. Right from God to bacteria, man has reversely travelled in searching cause of disease. Man wanted some peg to hang his hat (of thoughts) on, the choice of the peg— God or Satan— was immaterial. There was unprecedented joy when Pasteur indicated bacteria to be the cause of disease, since bacteria were attached neither fear-complex like Satan nor devotion-complex like God. Pasteur was lionised. Bacteria was an innocent target and therefore "Kill the microbe to cure yourself" became a popular slogan. Yet bacteria are proving too tough a job for the medical experts to encounter. The test of modern medicine is not in the theory, but in practice. Are bacteria overcome? Is disease declining?

What we expounded so far, if true, needs rechecking. In arithmetic when we find a solution, we again retrace our steps for a double check. Is our critique of modern medicine justifiable ? Are not bacteria the cause of disease? Is not disease declining?

Much has been found, said, and written about bacteria. It is found that there are some useful bacteria in human body, some other are neutral and the effects of a few assume dangerous proportions. In the outside world certain bacterial growth is essential without which nitrogen cycle will cease to function. Though surprising, it is true that the same germs are found to cause different diseases and therefore the riddle of bacteria continues to grow more and more mysterious. A number of factors regarding reason of their reproduction are yet unknown.

Instead of going in deep dark of unknown over again, let us pick up tuberculosis for analysis.

CAUSE OF TUBERCULOSIS:

According to modern medicine a T.B. patient is a prey to a microbe called Bacillus tuberculosis entering his body. In the same breath experts admit that the entry of bacillus depends upon the condition of individual body. Soviet experts subscribe to the same faith.

PREVENTION OF T.B.:

Early diagnosis of T.B. is a very difficult matter and in advanced countries, their polyclinics do an excellent job. To determine whether children are infected, the tuberculin test is employed. Tuberculin is a sterile liquid containing substances extracted from the tubercle bacillus. Inoculation of animals or human beings with tuberculin produces no reaction if they are not infected. If they are, it causes a redness or a slight swelling of the skin at the place of inoculation after a day or two, despite an extremely small dose. We should not lose sight of the fact that a positive reaction points only to infection with tuberculosis, that is, to the fact that tubercle bacilli have entered the system. We know, however, that a person infected with the germ may still remain healthy. The tuberculin test is, therefore, not sufficient evidence that a child has tuberculosis. It should be accompanied by a full medical examination.

B.C.G. has been much in the limelight as a preventive. The following passage which appeared in the Journal of the American Medical Association speaks for itself (4th September 1954, page 94): "When Calmette and Goerin gave this bacillus their names in 1921 and declared it a 'virus fixe' in 1924, it was so reduced in virulence that it would not produce tubercles in animal tissues. However, since that time significant changes have occurred in the cultures; from several laboratories.... They found no two alike even on gross culture appearance, and they found that each culture examined was composed of multiple bacterial forms instead of the single bacterial form in the B.C.G. produced by Calmette. This leaves no doubt that B.C.G. cultures have undergone marked changes since Calmette designated his original one a 'virus fixe'. Apparently, no two cultures examined have undergone the same changes. These changes probably account for the alarming occurrences following administration of B. C. G. to persons and animals during the last 25 years."

Let the reader reflect for himself and ponder on the claim of science that it has discovered an answer to the problems posed by T.B. Serious attention has been paid to the problem of T.B. by every advanced country. Russian Communist party, almost immediately after taking over power, showed concern over the problem of this disease. No wonder that western countries also stand on their guard against this disease. Dr. Henry E. Sigerist, M.D., writes that on the eve of World War II Russia seemed on way to a permanent solution, and the same position was regained by Russians by 1944. John Gunther in **Inside Russia** asserts that according to Russians Tuberculosis is a "conquered" disease (Page 306). S. Nezlin, a Russian expert himself, says that in Russia, T.B. is on the decline.

IS T.B. ON THE DECLINE ?

We shall further analyse the overhaul picture of T.B. treatment in Russia. The uniform system of application makes Russia an excellent case study. What according to

U.S.S.R. authorities is the percentage of T. B. spread, cure and elimination in Russia?

(1) Cause of T. B. is accepted as bacillus tuberculosis.

(2) Various methods are resorted to prevent T.B. As Nezlin says, "T.B. vaccine developed by well known scientist Calmette has received wide application in the Soviet Union in the past quarter century...... The vaccine is administered to new-born children in Russia and they are later revaccinated."

(3) Supplementary to this activity for curbing the infection at the root, the generation that is not covered by this prophylactic treatment and which is already suffering is equally cared for in Russia. Right from sunbaths to surgery all methods are employed.

(4) By all reports T.B. in U.S.S.R. continues to be on decline.

T.B. IS ON THE INCREASE:

But there the data available have an adverse aspect which reveals the self-deception. If Russians really believed that French scientists have bestowed on their children full protection, Russia would not have increased number of T.B. beds for children. As late as 1937, ten years after this wonderful vaccine was introduced, number of beds reserved only for children stepped up. In 1937 they were 1628, in 1938, they grew to 3271, in 1939 to 4053, in 1940, to 4147 and in 1941 total number of beds reserved for children mounted 4500. Total number of beds—including those for adults—in 1940 stood at 30,000 while in 1955 the number reached 105,000.

Western countries present equally absurd statistics. Russians may point out to us that such provision necessarily constitutes only a precautionary measure. Is it logically correct? At one stage of the argument you accept that a preventive chemical has been discovered in 1924. Even supposing its use to start from 1930, why then, after ten years, the number of beds for children need to be trebled? ? In 1940, which group of children would use these beds when all of them were protected from childhood? In any case, why again, between 1940 and 1956, should there be five times increase in the general number of beds earmarked for T.B.?

It all reads like an Airline Corporation announcement: "We are the last word in air-travel safety. In offering comfort we supercede everyone. Special provision below every seat of a parachute and a decent folded coffin."

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CHAPTER 21

Disease on the Increase

Once a rustic settled himself in a town. One morning the postman brought the news that his wife was serious. The very next day a second letter communicated to him of an accident to his son in which he got his leg broken. The third day, the postman again brought one more deplorable news that he had lost a court case in his native place. On the fourth day, as the postman ascended the staircase to the rustic's residence, he was thrown down. The rustic sincerely convinced himself that he thus successfully eliminated the cause of all the unbearable reports which might conceivably be imposed upon him in future.

Patients and their health protectors who feel satisfied by eliminating immediate cause of grief act no better than this rustic. It is the primary mistake attributable to a layman.

Another mistake specially prevalent in the modern era is to identify disease mostly with pain. We have analysed in thorough detail how this conception is basically misleading. Disease, therefore, is a far-reaching term compassing innumerable human ills. Let us turn again to the example of Russia. The population of Russia totals 200 million, as estimated by Soviet authorities. In World War II, Red army medical corps had to treat "millions of casualties". Those who deny identifying war with ego-disease would do well to read how arrogantly Stalin behaved in the Kharkov episode as described by Khrushchev. The episode brought in its trail a loss of "hundreds of thousands" of Russian soldiers. When we talk of "millions of casualties", the least we estimate is about ten. Indirect sufferers might be many, yet direct physical suffering must have been inflicted upon at least ten million Russians, which roughly comes to about 5 per cent of Russian population.

As against that, the Russians claim that their death rate due to disease has come down from 30.2 per 1000 in 1913 to 7.7 per 1000 in 1956. No doubt Russia deserves admiration for suppression of disease and for prolonging the span of life of Russian citizens. By this standard Russians have saved the life of 24 per 1000, i.e., about 2.5% per cent of people. Against the same, 5 per cent of people are thrown in the hell of egodisease. However, if one insists that a man with rheumatic pain in the leg is a patient, but one who totally loses a leg in war is not a patient, we need hardly satisfy him. War is a single incidence. All kinds of human disorders as described in chapter eleven amount to nothing but diseases. War, cold war, radiation victims can safely be compared with those of the very worst epidemic. It was held that modern means of rapid communication accelerated the spread of the disease. In the modern world, the speed of a plane doubles the capacity of bacteria to ravage man. Radiation disease is an unseen disease born of modern intellectual activities. Until late we held X-ray in high esteem as a safe treatment. Now it is revealed that its over-dose leads to erythema, falling of hair, permanent destruction of the follides. Bone marrow is highly susceptible to it both in its red and white components. Scientists of course reserve the right to declare further change in the measure of over-dose—though patients thereby suffer for a few more decades. Besides these diseases, we are also open to diseases like anaemia, septic infection, leukaemia. It is dangerous to use X-rays often in the case of pregnant women. Further, if X-ray treatment covers gastro-intestinal area, it leads to radiation sickness, in which headache, depression, fever are symptoms. In serious cases, vomiting and diarrhoea lead to serious dehydration of the body. The Tenth International Congress of Genetics showed much concern over these problems. According to the findings that were presented before the Congress, it was seen that those technicians who handle the X-ray apparatus are themselves affected.

Indirect results of radiation bring about far more complex derangements. Atom explosions in Nagasaki and Hiroshima did not affect merely those who were directly hurt, others died of radiation sickness without apparent burns. Atom tests that followed proved that radio-active dust is a nuisance of unlimited extent. In Bikini atom experiment in **1954,** when radio-active dust settled on the crew of the Japanese fishing boat, the **Fukuryu Maru,** one of them died. It looks probable that the radio-active cloud that follows an explosion may rotate several times round the earth before settling itself down. Some scientists claim that the danger is insignificant, but the past record of the scientists scarcely leaves a prospect of immutable assurances. We know how scientists have exhibited kaleidoscopic uncertainty in problems of syphilis, T.B., tonsils and X-rays. Nor have we forgotten how ACTH proved inadequate later. Only recently Nobel prize winner Dr. Pauling announced that every super-hydrogen test will cause fifteen thousand children to be born defective.

If you harbour any doubt whether a war, hot or cold (including nuclear tests), equals an ego-disease or not, here is what a famous British physicist and mathematician writes. "The explanation for war", he observes, "arises from two quite independent factors. The first is the appearance of a state of tension which is not due to human agencies, and the second is the reaction of people to such tension. The state of tension arises from general processes of a planetary nature involving the equilibrium of the process of transformation of energy in the solar system as a whole. This state of tension induces in people a general dissatisfaction with things as they are. But in the absence of any understanding of this need for inward change, the pressure is transferred into their external relationships and operates upon those psychic factors of egoism, desire for power, suspicion, jealousy and the rest, which in turn develop by cogtagion into the mass psychosis which makes war possible."

Says Will Durant, "Science tells us how to heal and how to kill. It reduces the death rate in retail and kills us wholesale in war".

Thus it is that war, cold war, radiation sickness, criminality, accidents, victims of feelings of race and religious superiority, either extremes of birth and death rates and superficially natural calamities should be classified as diseases. Else it will be a mere jugglery of words and figures. Disease is certainly growing to an alarming proportion.

If war and criminality are diseases, on which front could they be defeated? Certainly not on the battlefield and hardly in conference rooms. The disease of every sort should be met at its root, and at the individual level. Correct one person, correct yourself, society will follow or take care of itself. Everyone can control his activities to cure himself, and then the individual as well as larger problems will be solved. When I lay emphasis on the strength of moral values in my treatment of patients and invite their attention to it with all possible emphasis, they are convinced of my contentions, yet they take considerable time to practice it. I find some of my patients irritated when they come face to face with what they consider strange. Mixing up moral values with the problems of their health they feel insulting. It is inconvenient to accept that moral wrongs cause disease, that we exaggerate our emotions and mount them up to the level of disease. Temporarily some of my patients abandon Recipropathy only to come around, once more devoid of encountering reasonable hope elsewhere. They then adhere to Recipropathy and get encouraging results. A patient pleaded to me, "Nature has done injustice to give me father's disease. What wrong had I done personally?" I patiently heard his lamentations and then put him a significant question, "Friend, you accept and inherit a house from your father without any praise for Nature and only abuse her when it comes to inheriting some disease. Let us do our best from where Nature has signalled us to run the race of life."

Herodotus gave a fine example of paradox when, speaking of ancient Egypt, he said, "Egypt was the healthiest country and filled with physicians." Similarly today Soviet Union is proud to declare that Russia is a country with a maximum percentage of doctors in all the world. In Russia there are 16 doctors for 10,000 against the proportion of 13.7 for 10,000, in U.S.A. A really democratic country should have minimum police and a really healthy country must have minimum number of physicians.

We are clearly running a reverse race. We are evading the real issue. An ailing patient, despite keen talents, goes to a street-corner doctor for treatment and waits in the queue for his "elixir of life" put in a bottle or pressed through a needle.

The poor patient is scarcely conscious that medical leaders are themselves confused by the alarming problems. Leave apart cancer, even simple cold puzzles them still. "Chimpanzee is too costly", they say.

Recipropathy welcomes those patients who cogitate boldly on the underlying chaos. Readers will inevitably support the argument, provided the "span of punishment" they have to endure is scheduled to terminate according to Nature's design. Doctors in the meantime and in their turn need to give up their own superstitions. After all the doctor scarcely redeems his obligation by merely scribbling a prescription; for the original meaning of the word doctor is "to instruct, to teach".

Preliminary Information in brief

(I) **Subjects :-** Prosperity, achievements, **Peace** of mind, health, memory development, child welfare, contact after death experiments, prediction tests, satisfaction about the separation of dear ones, self confidence, etc. etc.

(2) **Benefits:-** Self confidence, peace, studies, prestige due to local centre. Honorarium if possible, or local centre chief and his wife can claim free accomadation at Lonavala, subiect to the rules there.

(3) **Publications :-** Five Languages, over hundred books. Besides, books on 'Mantra' in Marathi by Swami Vijnananand.

(4) **Organisation etc :-** Rest New Way, Lonavala.

(5) **Study course alternatives :-**(1) Purely material sciences. (2) Science and Faith (3) Pure faith.

(6) **Entrance :-** All male and female above eighteen years; or below eighteen with the permission of parents.

(7) **Local centre :-** After studying, in your own vicinity, start the local centre where with first six months only fourteen may enroll as 'Super social family' member's. Every year twice the number of previous year expected.

(8) Study course costs :- Boarding and lodging is to be borne by the individual. There is no tuition fee. Accommodation & meals Rs 80/- per person per day for common type accommodation and Rs 135/- per person per day for seperate type (2 in one room) accommodation.

(9) Super Social family member :- Six months suggested planned labour or 6.25% money per month, for benevolent cause. Later to continue.

(10) Study Courses :- (1) Equation of happiness - 3 days course (2) Tensions of success and envy- one day course. Both the courses deal with causes of Tensions and their effects resulting in various types of hazards and what steps a person should take not only to correct the situation but select a path which effectively neutralize these damaging forces at the source itself.

Explains fortune/misfortune in language of science in terms of natures basic laws. Such as laws of motion, thernodynamics and quantum mechanics etc.

(11) More Information :- For any more details send self addressed stamped envelop to : REST New Way, Lonavla. PIN 410 401.

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RAJ BHAVAN
Bombay-6
December 29,1957

MESSAGE

I have had occasion to meet Mr. P.R. Bhide on various occasions during the last few years. He is a very earnest student of spiritual and psychological subjects, and I was greatly struck at the thought he has given to these matters. He is projecting some publications embodying his researches. I hope these will attract the attention of many readers, and be helpful to them. He has my best wishes for success in his venture.

Sri Prakasa

(Sri Prakasa)

GOVERNOR OF BOMBAY.

".....I must say that his thinking is radical and original which compels attention."

-Chief Minister, (Y.B. Chavan)

Shri Bhide is highly intelligent .. with entirely original outlook .... none would grudge him the credit for bold and original thinking.

-Mayor of Bombay, (M.V. Donde)

"I was very pleased to have had opportunity of having such a long discussion.... I was interested in all that you said."

-First (Army) Commander-in-chief of Free India

"..... your viewpoint is original and I have been much impressed by earnestness and conviction."

-Frank Moraes

"I was.. surprised to see results of your treatment.. As assured stomach pain had stopped.."

-H.M. Joshi, Researh Officer of the Govt. (Freedom History Section)

DEATH OF DISEASE

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